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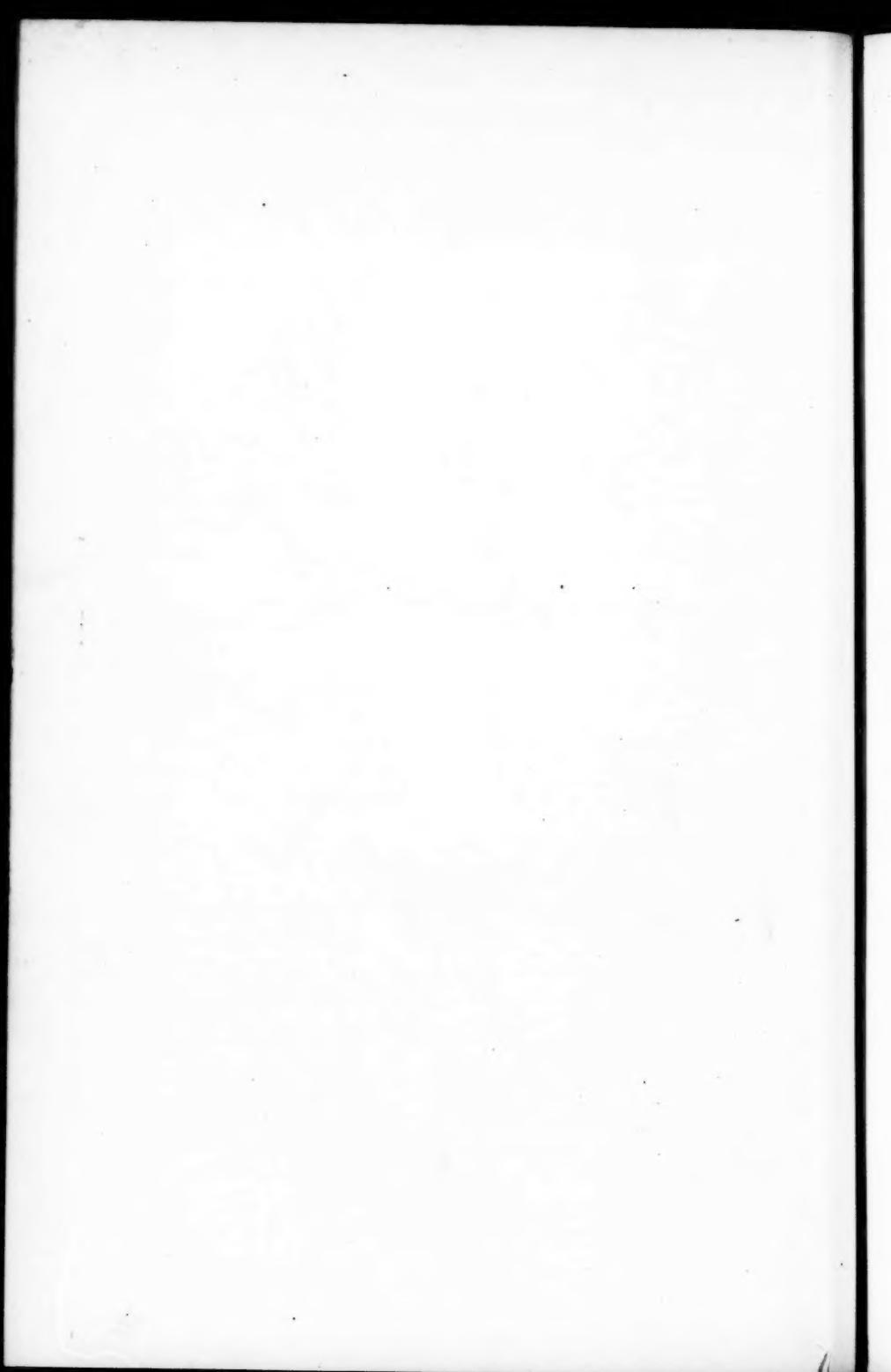
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THE AMERICAN PRACTITIONER.

JULY, 1880.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

LACERATIONS OF THE NECK OF THE UTERUS.

BY A. REEVES JACKSON, A.M., M.D.,

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READ BEFORE THE TIPPECANOE COUNTY MEDICAL SOCIETY AT LAFAYETTE, IND.,
MAY 6, 1880.

Mr. President: In response to an invitation to address your society I have selected a topic which is at the present time exciting a good deal of attention among gynecologists and obstetricians, but which there is reason to believe has not yet received such degree of consideration from general practitioners as it deserves. I allude to lacerations of the neck of the uterus.

On July 7, 1879, I read before the Chicago Medical Society a paper upon this subject, which was subsequently published.* I have embodied here some portions of the matter contained in that paper, and have added thereto some thoughts and suggestions which have been prompted by an increased experience.

* Chicago Medical Journal and Examiner, August, 1879.

intend to speak only of the practical phases of the subject, and in doing so will endeavor to be as brief as is consistent with clearness. The points to which I desire specially to call your attention are those which relate to the frequency of the lesion, its symptoms, diagnosis, and treatment.

History. The history of the laceration of the cervix uteri is a short one, and its literature has been, until quite recently, meager. In 1856 Dr. A. K. Gardner* spoke of "laceration of the os and cervix" as among the causes of ulceration, enlargement of the cervix, sterility, etc., and, so far as I am aware, this was the first mention made of the lesion as a distinct pathological condition by any author. Thirteen years later (in 1869) Dr. Emmet, of New York, published a paper in which he stated that seven years before—to wit, in 1862—he had accidentally discovered the existence and importance of the lesion in a particular case and devised an operation for its cure. This was followed in five years by another paper from the same author, in which prominence was given to the frequency of the accident and the relation it bore to the etiology of pelvic diseases. It was not until then that the attention of the medical profession began to be directed to the subject; but since that time several other papers more or less full and valuable, by various writers, have appeared in the medical journals in relation to it, and in the recent work of Dr. Emmet on the Principles and Practice of Gynecology the subject is fully and systematically treated.

Frequency. Is laceration of the cervix uteri of frequent occurrence? Many excellent persons of extensive medical experience deny that it is. They say it is inconceivable that a lesion which from the easy accessibility of the parts involved should be readily detected could escape the investigations of so many careful persons as have been engaged in treating the diseases of women all the years that have elapsed since the introduction of the speculum and other modern gynecological appliances. We might urge as a reply to such argument as this that the

* The Causes and Curative Treatment of Sterility, etc., by A. K. Gardner, A. M., M. D., New York, 1856.

history of all art and science is full of examples in which the plainest facts and simplest devices have escaped discovery for centuries; that it is but a repetition of the old story of Columbus and the egg. But we can do better than this. We can advance a stronger argument—one based upon facts. The experience of Dr. Emmet, embracing observation of five hundred cases occurring in private practice, leads him to affirm that 30.80 per cent—that is, nearly one third—of "all women who had been impregnated and had suffered from some uterine disease were found to have laceration of the cervix;" and he concludes his consideration of the subject by stating that "at least one half of the ailments among those who have borne children are to be attributed to laceration of the cervix."*

This is a startling statement, and one which I am inclined to believe is an exaggeration of fact. I believe that a much larger number of observations than have been made are necessary to establish the point in question. Still the malady is undoubtedly very frequent. Dr. P. F. Mundé† found one hundred and nineteen lacerations in seven hundred women examined, and Dr. Goodell‡ says that his experience would lead him "to infer that about one out of every six women suffering from uterine trouble has an ununited laceration of the cervix."

As I have already said, there are many who absolutely reject this evidence and deny the facts. But it will occur to you at once that persons who have not looked for the lesion, who have not considered it as one of the conditions likely to give rise to the symptoms usually recognized as indicative of uterine disease, can hardly be in a position to form an intelligent opinion upon this subject. But more than this, as we shall see presently, those who would discover it must not only look for it; they must look for it in a proper manner, or it may elude their search.

* Loc. Cit. p. 480.

† American Journal of Obstetrics, etc., January, 1879.

‡ "Laceration of the Cervix Uteri"—the address on Obstetrics delivered before the Medical Society of the State of Pennsylvania by Wm. Goodell, A.M., M.D., May, 1879.

You can form for yourselves some estimate of the frequency of the injury by recalling the number of cases in which you have discovered, when making a specular examination of women who have borne children, a soft, gaping os uteri surrounded by a red patch of irregular granular surface, sometimes readily bleeding under slight pressure, and in which, issuing from the central opening, you have observed a glairy, yellowish-white discharge—cases which, twenty-five years ago, were almost universally and by many still are called “ulceration,” and by more modern pathologists are denominated erosion, granular erosion, granular degeneration, etc. These are generally cases of laceration of the cervix uteri. While these erosions unquestionably may and do exist independently of laceration, the instances in which they do so are quite rare.

Symptoms and progress. The fact that a laceration has taken place is rarely known at the time of the occurrence. When a digital examination of the pelvic organs is made immediately after delivery it is usually for some purpose connected with the removal of the placenta or blood coagula, and the attention is not directed to any thing else; but even were a possible injury to the cervix the object of search it would be difficult of detection, owing to the soft, yielding, and enlarged condition of the parts at the time. A short time after the woman has left her bed and resumes her ordinary duties she becomes conscious of an unusual amount of leucorrhæal discharge, possibly tinged at times with blood. This discharge is commonly thick, yellow, and viscid in character. But I must caution you that the absence of discharge is not to be accepted as proof that there is no laceration present, for I have seen several cases of long standing and with extensive injury in which there was no discharge whatever, or at least none which appeared externally. The catamenia are likely to appear after two or three months, sometimes sooner, usually more profusely than before, and at shortened intervals. Metrorrhagia is likewise not infrequent. Sometimes, on the contrary, the menstrual discharge is diminished in quantity, while in still others it is not disturbed in any way. Sexual

appetite is frequently impaired and sometimes abolished. Dyspareunia is an occasional, and sterility a frequent result.

Pains, varying in degree and character, are felt about the hypogastrium, hips, back, and thighs, together with a sense of weight and dragging in the pelvis, increased in severity when the patient is in the standing position or has undergone unusual fatigue. In some cases severe neuralgic pains referred to the region of the cervix are present, and in several the patients have complained of a peculiar pain described as "pulling" or "drawing" about the umbilicus.

In the worst class of cases no long time elapses before the lack of exercise and the persistence of pain and exhausting discharges produce their legitimate results upon the general health. Digestion is impaired, the appetite fails, the bowels become constipated, assimilation is interfered with. A lessened supply of impoverished blood produces pallor and sallowness of complexion, debility, disturbed and insufficient sleep. The stomach, liver, bowels, kidneys, and especially the bladder and rectum, all contribute their quota of sympathetic manifestations, and combine to render the woman's life utterly wretched.

You will observe that the symptoms here given are not at all distinctive, and no more indicate the existence of a laceration of the cervix than they do of half a score of other abnormal conditions of the pelvic viscera. Hence they are insufficient for the purposes of diagnosis.

The symptoms produced by laceration of the cervix are not always in direct proportion to the extent of the injury—a fact frequently observed in connection with pelvic disorders in women. Usually the amount of suffering depends upon the degree of eversion of the lining membrane of the cervix which has taken place. This occurs in most cases where the injury has extended beyond the crown of the cervix, and reaches its maximum where the rent is bilateral and has passed to or beyond the vaginal junction. Glance for a moment at this diagram (Fig. 1), which represents the normal shape of the parts. Here the uterine labia, V V', are kept in apposition by

the perfectly-adjusted counteraction of the circular and longitudinal fibers of the organ. It is seen in strong contrast with

Fig. 1.

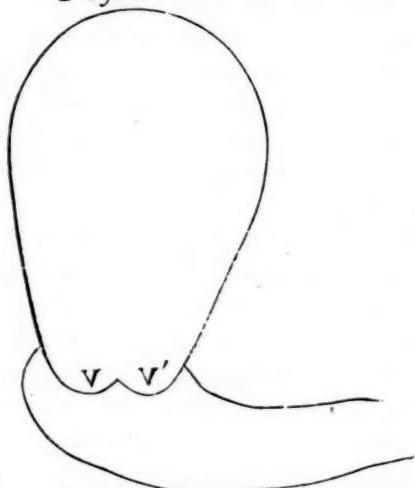


FIGURE 1.—V and V' represent the position of the uterine lips in the normal state of the parts.

Fig. 2, in which is shown the appearance of the parts after a severe laceration has occurred. In such a case as this, the circular fibers being unable to act, there is no power to oppose the action of the longitudinal ones, which tend therefore to drag the lips apart. The delicate epithelium covering the mucous membrane, accustomed to contact only with its own alkaline secretion, is now constantly bathed in the acid secretion of the vagina, which, acting as an irritant, soon causes its removal. This unnatural state of the parts prevents or retards the proper involution of the uterus, which consequently remains enlarged and soft. So soon as the woman quits her bed and gets upon her feet all these unfavorable conditions are increased. The heavy uterus, inadequately sustained by its supports, presses toward and finally upon the floor of the pelvis, dragging with it the upper part of the vagina, whose walls lie in folds about it like the sides of a closed accordion, giving to the cervix an ap-

pearance of elongation. The everted and eroded surface now suffers additional irritation from the pressure and chafing to which it is subjected. The flaps are forced farther and farther apart; the extruded lining membrane, by reason of its interrupted circulation, becomes thickened and congested, and thus assists in its own outrolling. The uterus being in a state of fatty degeneration—the first stage of involution only having been accomplished—the flaps are soft and yielding. Their inner surfaces are readily flattened out against the vaginal walls, and the entire cervical lining in some instances is finally extruded, the internal os uteri becoming the lowest portion of the organ, and appearing at the end of what seems, owing to the reflection of vaginal tissue drawn downward, to be a very long and very broad cervix.

FIG. 2.

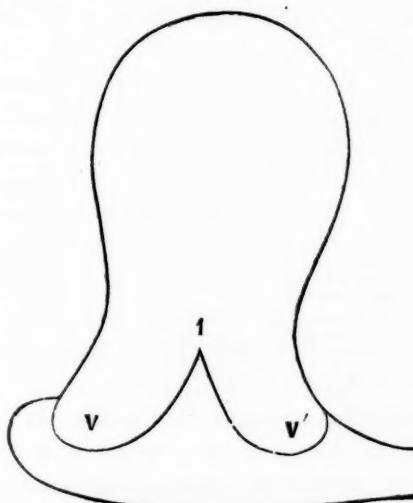


Figure 2 represents a lacerated cervix with eversion. V, the posterior lip, is crowding backward into the posterior cul-de-sac; V', the anterior lip, forward in the axis of the vagina; 1, the upper angle of the laceration. (After Dudley.)

The full extent of the eversion is rarely seen in recent cases, the process of extrusion being a gradual one. The angle formed at the upper portion of the flaps (1, Fig. 3) gradually descends

as the lower ends of these latter diverge, so that it successively reaches the points 2, 3, 4, and 5, and in this way the internal os uteri comes to occupy the position of the external; and this

FIG. 3.

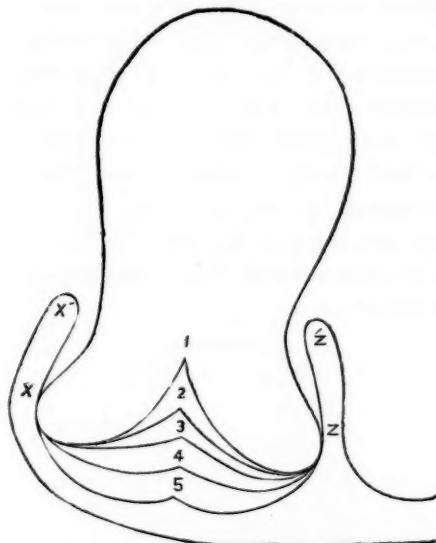


FIGURE 3.—This represents the state of the parts when eversion is complete. The curved lines forming the angles 1, 2, 3, 4, and 5 indicate the gradual process of eversion. The point 1 has been rolled out to point 5, where it appears to be the external os. The utero-vaginal junction at X and Z now appears by the reduplication of the vagina to be at X' and Z', thus making the cervix appear longer and broader than it really is. (After Dudley.)

explains why it is that a deeply-lacerated cervix, when viewed through an ordinary speculum, presents a red, *flat* surface. Indeed the slighter cases of laceration, which permit no eversion at all, are more readily detected in this manner than are the more extensive ones in which the eversion is complete.

The Nabothian glands, thus exposed, are at first stimulated to undue activity, as evinced by the greatly-increased quantity of secretion poured out by them, and which constitutes the glairy, tenacious discharge which is so characteristic of endo-cervical inflammation. By-and-by they become diseased. Their excre-

tory ducts close, and their contents being thus retained they enlarge and form protruding roundish masses varying in size from that of a millet seed to that of a grain of barley. Some of these rupture, and their open mouths add an appearance of increased roughness and rawness to the already eroded surface. Before bursting they may frequently be felt as small shot-like bodies in the tissues.

When the injury is confined to one side the eversion of the cervical lining is not so marked, and occasionally does not occur at all, even when the rent has extended to the vaginal junction. In these cases there has usually taken place some degree of union at the bottom of the fissure, and the cicatrix thus formed restrains, partially or wholly, the tendency to protrusion.

Diagnosis. As already stated, the subjective symptoms are never sufficient to enable us to do more than suspect the existence of a laceration of the cervix. But they are of such a character as should *always* impel us to make a physical examination; and if we do this, and do it properly, we need never remain in doubt; for the diagnosis may be made in the most definite manner.

In many cases this can be done by the touch alone. The patient should lie upon the back, with the knees drawn up and separated. A finger introduced into the vagina may detect the uterus in its normal situation, although usually it is depressed and more or less retroverted. The os is patulous, and its borders and the entire vaginal portion of the cervix are of softened texture and commonly unduly tender to pressure. If there be laceration present, and if it be of such extent and nature as to permit eversion, as shown in Fig. 2, the cervix will be felt apparently enlarged, and the distance from the os to the vaginal junction much greater than usual, as though the cervix were elongated. If the finger be now carried up to the vaginal junction and made to sweep around the cervix at that point it will be found notably smaller than the portion below. When these conditions can be clearly made out they may be considered as very strong evidence of the existence of laceration with eversion.

But there is a test which I regard as infallible. Let the patient be placed in the knee-chest position, and then introduce a Sims speculum or other form of perineal retractor, and if the parts have been seen before through a tubular or bivalve speculum with the patient on the back, an astonishing change will be found to have taken place in their relation to each other as they now are brought into view. The uterus, falling away from the vulva by its own gravity, carries with it the upper portion of the vagina, thus causing the unfolding, as it were, of the latter organ and its restoration to its full length. Not only is the apparent elongation of the cervix thus reduced, sometimes to the extent of one or two inches, but the size of the eroded surface is likewise diminished from the partial inrolling of the cervical lining membrane. If now, while an assistant holds the speculum, the anterior and posterior flaps be seized with tenaculæ at the points V V' (Fig. 2), and drawn toward the vulva and toward each other, the eroded surface will be found to disappear; that is, the intra-cervical mucous membrane will be restored to its proper place, and the vaginal portion of the cervix will resume its natural form and almost its natural size. If this can be done it amounts to a demonstration. There is no other condition or combination of conditions in which this maneuver can be accomplished with these results.

But to obtain this certain evidence the necessary means must be used and the conditions complied with. In such a case as that described, when the parts are observed through an ordinary cylindrical or valvular speculum, it is frequently impossible to command a view of the entire cervix, so widely are the lips spread apart. The ends of these latter, which the observer thinks he is looking at, are not visible at all. The red, raw-looking mass appears to the unpracticed eye as though hypertrophied and ulcerated. Indeed these constitute the so-called severe cases of ulceration for which powerful and protracted cauterizations were formerly the approved and usual remedies.

The maladies with which laceration of the cervix may be

confounded are thickening and elongation of the cervix, simple granular erosion of the os and cervix, true ulceration, and epithelioma.

When there is actual enlargement of the cervix from other causes than laceration—for of course the two conditions may coexist—the part is gradually increased in diameter from below upward toward the body of the organ, but in laceration with eversion the lower portion is the largest; and as the body of the organ is approached there is a more or less distinctly-marked narrowing, so that the shape of the vaginal portion has been compared to that of an inverted mushroom.

From elongation of the uterine neck—the so-called hypertrophic elongation—laceration may be distinguished, as already stated, by placing the patient in the knee-chest position. Here the apparent elongation which is present in some cases of laceration entirely disappears by discovering the true vaginal junction, whereas if the elongation were real the part would project as far into the vagina as before.

Granular erosion of the os and cervix sometimes occurs from irritating contact of catarrhal discharges, but uncomplicated with laceration it is a comparatively rare affection.

It should not be a matter of surprise that the red, roughened, eroded cervical lining seen in cases of laceration should have been so frequently and for so long a time mistaken for ulceration. But if by the term ulcer we mean to designate a condition in which there is loss of substance beyond the epithelium it is comparatively rare in this locality. The only true ulcers of the cervix are those produced by friction and exposure when the uterus is procident, or which are the result of chancroid or carcinomatous disease.

It is likewise not wonderful that the extruded lining membrane, studded with enlarged follicles, elevated and swollen, bleeding readily, and bathed with muco-purulent secretion, should have been frequently mistaken for malignant disease. But from all these conditions—simple erosion, ulceration, whether benign, or malignant—presenting a reddened, rough-

ened, raw surface, laceration with eversion may be certainly distinguished in the manner already indicated.

Let every one bear in mind that laceration is frequent and that hypertrophy is rare; that eversion is frequent and ulceration rare; and it will lead to the adoption of this practical and only safe rule, namely, Whenever the cervix uteri appears enlarged and denuded of tissue, make the trial test which I have described, and all doubt will be cleared away.

Treatment. If the foregoing views as to the nature and pathology of laceration be concurred in, the indications for treatment become as clear as that for harelip. While it is possible in many cases, especially of the milder forms of the injury attended by slight eversion, to effect a cure of the erosion by means of astringents and stimulating applications, the improvement is only temporary usually, and in most cases does not take place at all. Having realized the inefficiency of these "applications" and "treatments," Dr. Emmet devised and practiced an operation to take their place—an operation so simple that any one who has ordinary dexterity may perform it; so safe that it has never caused a fatal result, and so effectual that it accomplishes in a fortnight what alteratives and caustics can not effect in years, namely, an abiding cure; an operation which, instead of destroying the normal structure of the part, restores both its shape and almost its natural size. Having had occasion to perform this operation quite frequently, I have from time to time modified its various details, with the view chiefly of shortening the time of its performance, so that it has now come to differ from that of Dr. Emmet in almost every particular.

The instruments I employ are few and simple. They consist of a perineal retractor, a small double vulsellum forceps, a tissue-holder, a needle of peculiar construction, two pairs of scissors, and, where silver wire is used, an adjuster and twister. The use and application of each of these I will endeavor to exemplify.

The patient having been etherized, is placed upon a table properly prepared with bedding, sheet, pillows, etc. The table

need not be more than four feet long. While the semi-prone or knee-chest position is the best for the diagnosis of laceration, I very much prefer the dorsal for this and all other operations upon the cervix. The patient is drawn forward so that the coccyx projects four or five inches beyond the end of the table, the head and shoulders being well raised. Each lower limb is placed in charge of an assistant, by whom the thighs are abducted and moderately flexed on the abdomen. These two assistants should face the operator, and each should command the thigh of the patient with the arm nearest the latter. In this way each of them will have a hand at liberty for any other purpose that may arise. Two other assistants are necessary—one for the administration of the anesthetic; the other to hand instruments, use sponges, etc.

The operator, seated in front, now passes one or two fingers of the left hand into the vagina, and, having ascertained the position of the cervix, with the right introduces the retractor. The blade of this instrument is much broader, flatter, and shorter than that of Sims's speculum, and is, I think, much more convenient than the latter for all uterine operations done in the dorsal position. This is guided to its place in the posterior cul-de-sac by the fingers in the vagina, and the perineum being pressed backward while the vaginal walls are separated laterally the cervix is readily brought into view. The retractor is now given in charge of one of the assistants, who takes it with his disengaged hand. The anterior flap of the laceration is next seized with the vulsellum forceps and drawn down to the vulva. If necessary, this should be aided by supra-pubic pressure. Both flaps are now brought together, with the view of determining accurately the extent of the laceration, the proper position of the external os uteri, the amount of tissue to be removed, the number of stitches necessary for closure, etc. This having been done, a needle, such as I here show you, is passed through the anterior flap, which is steadied by the grasp of the vulsellum. The needle is rectangular in shape, with a very strong, short shank affixed to a handle. The needle proper has

no eye, but on one edge of its flattened blade, near the point, has a notch for the purpose of catching and carrying a wire or silk suture. This device is a modification of Skene's perineal needle. The requirement here is for a needle which shall be sufficiently strong to be pushed through the tissues (which are sometimes extremely dense), and which at the same time can be quickly threaded.

The needle is passed through as stated, unarmed, and so soon as its point appears the loop of a strong silk cord is caught in the notch of the needle by the assistant. The needle is then withdrawn, leaving the silk in the flap. The vulsellum is now transferred to the posterior flap and the same process repeated. By means of these threads, which should be sufficiently long to enable the assistant who has charge of them to draw them in any needed direction without incommoding the operator, complete control of the cervix is had throughout all the subsequent steps of the operation.

I formerly used a single thread which passed through both lips, but this prevented the easy separation of the latter, and I find the mode I now adopt much more convenient.

The next step consists in making raw the surfaces which are to be joined together. This is better and quicker done by scissors, and the cut surface bleeds less than when the knife is used. The shape and size of the flaps determine the amount of tissue to be removed. Sometimes when the lips are not much thickened and present a flat surface it is only necessary to take off a thin layer; but where they are hypertrophied and have a rounded, bulging surface, the entire convexity should be cut away. A practical and safe rule is to remove enough tissue to permit the opposing surfaces to be brought easily into contact. Care should be taken not to freshen the edges too near the center of the flaps, lest their subsequent union result in obliteration or narrowing of the external os. A space at least half an inch long should be left for this opening, for the subsequent shrinkage of the part will reduce this to the proper size. The denuded portions of the opposing surfaces should be equal in length and

width, so that when brought together they may be accurately coaptated. (Fig. 4.)

Fig. 4.

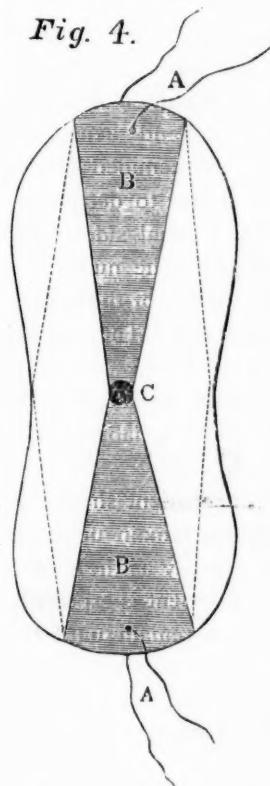


FIGURE 4.—A represent the guiding threads in the labia, marking the center of the restored os uteri; B, strips of undenuded tissue to form the continuation of the cervical canal; C, the apparent os uteri externum. The dotted lines indicate the direction in which the freshening of the surfaces is made.

The passing of the sutures is sometimes very difficult, owing to the thickness and density of the tissues. When ordinary needles are used it is necessary to have a strong needle-holder—one which permits the needle to be placed at any angle. The needles should have a cutting edge near the point, and should vary in length from three fourths of an inch to an inch and a quarter. They should be thick enough to allow of a large eye through which the loop of a doubled silk thread may pass. The eyes of most needles are too small. I formerly met with many cases in which there was difficulty in this step of the operation. I then used Emmet's needle-holder and vesico-vaginal fistula needles, but since I have made use of the needle just shown you I have found little or no trouble in this way. The first suture is passed at or near the inner angle of the fissure. The part being steadied by means of the vulsellum, the point of the needle is entered about a quarter of an inch from the edge of the freshened surface, and is made to emerge just at the edge of the undenuded strip which has been left for the continuation of the cervical canal. It

is then reentered at the corresponding point opposite, and, passing through the other flap, finally issues at a point opposite that of its first entrance. A silver wire eighteen inches long, bent at a sharp angle an inch from one end, is then hooked into the

notch of the needle, and on the withdrawal of the latter is left in place. Unless the flaps are of unusual thickness the needle may be thus passed through both of them before attaching the suture; and in that event it is unimportant through which flap it is passed first, although I usually prefer the posterior as being more convenient. But where they exceed a thickness of half an inch each it is better to transfix one at a time, and then it will be found easier to pass the needle first into the denuded surface of the anterior lip, and after placing the suture to detach the latter and reintroduce the needle from the vaginal side of the posterior flap, and then finish as just stated. The number of sutures required will vary according to the extent of the fissure. Usually from two to four are needed on each side. They should be placed about one third of an inch apart.

Either silk or silver wire may be used for the sutures. I have nearly always used wire, and know it to be reliable. Others prefer silk, and consider it equally good.

The sutures having all been inserted, the patient should be placed in bed, where ordinarily she ought to remain until the stitches are removed. This may be done as early as the eighth day; but I prefer, unless the prolonged confinement is especially irksome or contra-indicated, to allow her to remain until the ninth or tenth. In one case, in which they were removed on the eighth day, the adhesion of the flaps was so feeble that they subsequently separated, and a repetition of the operation became necessary.

The operation is not a very painful one, and an anesthetic is not always necessary, although usually desirable. I have operated on several occasions without using any, and the only complaint made generally had reference rather to the irksomeness of the position than to the other procedures.

Neither is there much pain or discomfort felt after the operation. Indeed patients usually suffer so little from it that it is difficult to make them appreciate the necessity for lying in bed afterward. And it is possible that this necessity has been overrated. Several times patients have, contrary to my directions,

resumed many of their ordinary duties after the third day. In one case, on the second morning after the operation, I found the patient dressed and sitting up, and she informed me that she felt less discomfort in the parts than she habitually did before the operation. In none of these cases did the seeming imprudence produce any bad result or prevent a successful issue. Dr. Skene states that he has operated eight times at his office and sent the patients home on the street-cars.

After-treatment. At the close of the operation I am in the habit of placing in the vagina the ordinary cotton tampon saturated with glycerin, with a string attached to facilitate its removal, and in the rectum a suppository of cocoa butter containing two grains of opium and one sixth of a grain of extract of belladonna. The tampon should be removed on the day following the operation, and the vagina should be carefully washed once or twice daily with warm water slightly carbolized. It is not necessary to prohibit the patient from leaving the bed to urinate or for other necessary purposes. Rarely I have had to use the catheter once or twice. The bowels, if not open spontaneously, may be acted upon by a mild laxative, followed by an enema on the fourth or fifth day.

REASONS WHY THE MEDICAL PROFESSION DOES NOT ACCEPT THE FACTS OF LACERATION OF THE CERVIX UTERI.

As I stated in the outset, a comparatively small number of the members of the medical profession have given any attention to the subject of laceration. Many to whom the facts have been presented have contented themselves with denying their existence without making any effort either to prove or disprove them. Some who can not be supposed to be unfamiliar with what has been written upon the subject seem to ignore it altogether. As an example of the latter class, I may mention the name of so great and prominent a teacher and author as J. Matthews Duncan, who, in his recent work on the Diseases of Women, referring to a case of chronic catarrh of the uterus, thus describes the state of the parts as revealed by physical exploration: "*Per*

vaginam—cervix uteri is in normal situation, considerably enlarged by expansion so that two fingers can easily be introduced; quite soft, and partially denuded of epithelium, and secreting a yellow muco-pus." A patient in such physical condition would have a uterine catarrh certainly, but what would be its cause? Can any one doubt from the description that this was a case of laceration with eversion?

But this need not surprise any one. All new truths in medicine, or rather those which seemed new, have been met in a similar manner. There are, however, some especial reasons why laceration of the cervix and its pathological importance have not been recognized, and upon these I desire to comment briefly. They are as follows:

1. *The frequent neglect of physical examination.*—It is too much the custom among physicians to base their treatment upon the subjective symptoms alone. In the disorders of women such a course can rarely be successful. It is simply guess-work—guessing at the diagnosis and guessing at the treatment. During the child-bearing period of life especially there are comparatively few of these disorders that do not originate in or extend their influence to the reproductive organs, and if these latter be not interrogated very important elements of diagnosis are likely to be omitted. A faulty or imperfect diagnosis results in erroneous if not injurious treatment. The debility, nervousness, anemia, and other results of organic pelvic disease are treated by so-called tonics, nervines, and blood-restorers, while the underlying cause of all the mischief is allowed to continue its destructive work. It is as though the pumps of a sinking vessel were worked and no effort made to stop the leak. Where there are present in any given case such symptoms as deranged menstruation, more or less constant leucorrhæal discharge, headache, pelvic, vesical, or rectal pains or discomfort, the indications for a physical examination of *all* the pelvic organs should be considered imperative and an essential prerequisite to treatment. Yet I know that patients suffering from such manifestations of disease are frequently treated, sometimes for many months, without any

adequate means having been taken to ascertain the condition of the parts in question. Such negligence as this would result not only in the failure to detect a laceration, but any other morbid condition of the pelvic organs.

2. *Faulty methods of examination.*—Among those who are diligent enough to make physical exploration when it seems demanded, there is much room for criticism as to the manner in which it is done. The most common fault is perhaps a want of due care. Many facts which might readily be ascertained are not even sought for. This need not be for want of proper instruments. The very best of these—the index finger—is always at hand. It is the most valuable of all gynecological investigators, and when properly educated and used to the full extent of its capability there is scarcely any of the pathological conditions of the pelvic organs in women which can escape its detective powers. The tubular speculum, which is exclusively used by many, is not only incapable of aiding in the discovery of laceration of the cervix, but actually prevents such discovery. The various valvular specula, while not quite so useless for this purpose, are nearly so. Neither of these forms of the instrument are valuable for diagnostic purposes. None of them permit, except in a limited degree, the sort of exploration which is necessary. The duck-bill speculum has never become popular in private practice, and it is doubtful if it ever will. It can only be used with the aid of an assistant—an objectionable feature to many women—and some degree of exposure almost necessarily attends its employment. Its efficient use is likewise frequently productive of pain. For these reasons it is comparatively seldom used. And yet, as we have seen, without it a laceration of the cervix is almost certain to escape detection.

3. *Reluctance to abandon old doctrines for new ones.*—Physicians as a class are conservative, and this is well. When they are asked to give their assent to new facts and new doctrines they do rightly to ask for proof of the correctness and genuine character of the new things. When, however, they not only do not ask for such proof, but deliberately refuse to receive it when

offered, they cease to be conservative; they are bigoted. Are any of us free from this fault? We all know that it is not pleasant to give up old beliefs, old modes of thought, and adapt ourselves to new ones. Humiliating though it be, it is a fact that truth is not welcome to us unless it come quietly and take its place side by side with that which has come before. If it approach as a displacer or usurper we do not bid it enter, but guard our portals against it.

Applying these remarks to our present subject, we can at once appreciate the dilemma in which many physicians find themselves. If they admit the frequency and importance of laceration of the cervix they must abandon the long-cherished phantom of ulceration; they must acknowledge a long persistence in erroneous opinion and practice: if they abolish the theory of "womb-ulcers" they must cease "burning them off"—a fee-getting if not a health-giving practice. When a man's knowledge of womb-diseases is limited to "displacement" and "ulceration" he can not afford to relinquish much, or he will have no uterine pathology left! The establishment of the facts of laceration implies the abandonment of the ulceration theory and the speculum and caustic treatment which was its legitimate offspring—a mode of treatment which embodied more professional malpractice than it is possible to estimate; that has produced in untold hundreds of women deformed, maimed, and sterile wombs; and that has resulted, both by what it did and what it prevented from being done, in more injury to the health and happiness of the women of this land than a generation of enlightened physicians can atone for.

CHICAGO, ILL.

FOREIGN CORRESPONDENCE.

My Dear Yandell:

LONDON, June 15, 1880.

The medical profession are going smoothly on their way without much prospect of any medical bill to disturb them this session at least. The excitement of politics is subsiding until some act of folly or stupidity on the part of the Government, about to be perpetrated, shall rouse the country up. Even the excitement of the treatment of cancer by chian turpentine has cooled, and opinion is suspended until the report of the results of its use by Mr. Hulke in the cancer-wards of the Middlesex Hospital are published. Personally I have exceedingly little faith in any successful treatment of cancer at present, either from an empirical or a scientific point of view. The time is not come, is not ripe for it yet.

A subject recently ventilated is that of the management of the convalescent stage of infective disease in the interest of the patient and in the interest of persons who may become infected. Dr. Ransome, of Manchester, gives his views first. He points out the weighty responsibility of general practitioners in having to decide on such subjects as the return of children to school or that of servants returning to the place of their employment after infectious disease. He further shows that they have at their disposal no work to guide them, "no body of evidence, sifted and verified by competent observers, to which reference may be made in cases of doubt." He thinks that it is very desirable, in the interests alike of the public and the profession, that some agreement or approach thereto be come to. As matters are, very serious differences of opinion may ensue between two medical advisers, as, for instance, the family attendant and the medical man of a school. An illustration of this was recently afforded by a trial as to the removal of a boy with scarlet fever from his bedroom in the head-master's house at the Epsom Medical Benevolent College to the infirmary. The father of the boy, a medical man, held the view that such removal—the

infirmary of the college not being in a proper and fit state for his reception, had conducted to the lad's death. The head-master and the doctor to the college reckoned that they had acted properly. A trial ensued, which drew public attention to the matter, if it had no other satisfactory result.

Dr. Ransome very shrewdly remarks, "Even without a sufficient foundation of facts, if the medical world were agreed as to the limit of safety there would perhaps not be much harm done beyond the probable waste of time involved in getting to the safe side of precautionary restrictions; but unfortunately even this refuge is withheld from us, and a medical man, after giving his own opinion on the subject, is not unfrequently told that his neighbor, Dr. So-and-so, has fixed a less onerous burden of quarantine, and thus confidence is destroyed and vexatious disputes are carried on without any court of appeal at which to settle them." Several individual attempts have been made to try to settle the subject, but as yet without furnishing such data as would provide any canons for practical use.

As to measles and hooping-cough, he thinks it useless to attempt to arrest their spread by quarantine. As to typhus and typhoid fevers, it is no doubt convenient to have hospital accommodations for them, but rather for the treatment of the patients—as by cold baths, for instance—than for the purpose of preventing infection. As to how long the stools of typhoid-fever patients possess infecting power, he can give no definite surmise, nor can he say more as to the duration of infection in typhus fever. The remarks about typhoid apply, he thinks, to cholera. Diphtheria, he holds, ought to be isolated, as being somewhat infectious. Proper treatment of sewers, cesspools, etc., he thinks would do more to stamp out diphtheria than all the machinery of isolation and disinfection.

The only disease for the prevention of which isolation is likely to be needful permanently is scarlet fever. For the purpose of isolation he does not think large hospitals well adapted. He would prefer a number of comparatively small reception-houses in various localities. About scarlet fever there is some

unanimity of opinion in the profession, but about the length of time which must elapse before the clothes of a scarlet-fever patient lose their infective power nothing is known. As regards the individual, he is supposed to lose his infecting power on the completion of desquamation. He thinks this period might be greatly abridged if the disinfectant treatment of Dr. Wm. Budd was universally carried out. The clothes should also be thoroughly disinfected. As to smallpox, efficient vaccination would dispose of it.

Francis Vacher, the medical officer of Birkenhead, thinks that for any thing like efficient dealing with the matter of the prevention of the spread of infection three things are requisite—"information, powers, and accommodation." By information he means the compulsory notification of disease—only a portion of the cases being reported, in his opinion. Information, however, is of very little use without the power to deal with cases. An act by which patients suffering from infections could be removed on a justice's order (1) when he is without proper lodging or accommodations, or (2) lodged in a room occupied by more than one family, or (3) on board ship or vessel, is, he holds, desirable. He thinks there should be hospitals for the reception and treatment of patients, and also "homes for convalescents." The first are now provided; the latter are in the future only, as there exist no authorities for their provision. There are many convalescent homes now in existence, but none for the receipt of convalescents from infectious diseases. These last are studiously and carefully barred out every where.

Prof. Spence, of Edinburgh, returns to his attack on the statistics of Listerism. A leader in the British Medical Journal rouses his wrath. Mr. Spence speaks his mind very straight. He says of it, "Except for the very distorted view which the leading article gives of the evidence adduced, both regarding the statistics and also Prof. Lister's replies to my request for explanations about some of the statements and omissions in his speech at the antiseptic discussion at St. Thomas's Hospital, I certainly should not have noticed it, as I had no wish to prolong

a controversy which interfered with other engagements and also makes me appear to be an opponent to antiseptic surgery while I only object to its exaggerated claims. Under the circumstances, however, I feel forced to call in question the editorial judgment as 'against evidence,' and my delay in doing so until now has arisen from my absence from home since it appeared." He complains that part of his text was "suppressed," and thinks the explanation made for the objectionable act very lame. Mr. Spence says, "I stated at the outset that I did not intend to enter on the general merits of the antiseptic system, as I was and had been for some time engaged in testing it with other methods, and that when I had fairly tried it I would return to the subject. I limited myself to show what results were obtainable by other methods by demonstrating what had been obtained, and I did this by comparing the results of sixty cases of major amputations for disease when my method of dressing was exceedingly simple with sixty-four similar cases of Mr. Lister's after his system had been perfected. The absolute statistical results were—

Mr. Lister, 64 amputations, 5 deaths.
Mr. Spence, 60 amputations, 3 deaths.

According to the editorial article this is not the point at issue. What we do want,' it says, 'is evidence that the same constant results which are so notable a feature in antiseptic treatment under any circumstances can be obtained by "simple" methods of dressing under unfavorable circumstances.' Here it will be observed that the writer assumes the *constancy* of favorable results in all cases treated on Mr. Lister's system. If that were granted then no other method could compare with it, for no other system claims such infallibility in results. But there is really nothing, even in Mr. Lister's own statistics, to warrant such conclusion. It is the very question at issue. For my own part, a pretty long and extensive experience of surgical practice has shown me that constitutional and other conditions beside mere local or external causes or methods of dressing affect the

mortality after operations or injuries, and from ignoring such conditions the antiseptic system is likely to suffer. The writer also chooses to assume that the results I gave show merely a series of favorable cases occurring during three consecutive years. The cases were just the usual class requiring amputation, neither better nor worse. He also makes a statement that some of these operations were apparently performed in private practice. There is no foundation whatever for such a statement; all the sixty cases were operated on in the Edinburgh Royal Infirmary."

This is correcting erroneous statements pretty vigorously.

As regards his position in this controversy, Mr. Spence is anxious to correct wrong impressions, and concludes as follows: "In concluding I must protest against being supposed an opponent of the antiseptic treatment because I object to the exaggerated claims put forth for it by some of its most enthusiastic advocates. I have used the method pretty extensively, both in hospital and private practice, with excellent results, and I should be sorry to oppose any method which promises to add to our resources in surgical treatment. But I can not admit its exclusive claims nor dismiss as baseless and visionary the experience I have had in the past, in my own practice and that of others, of the good results of simpler methods. Like every other system, the 'antiseptic' has its dangers—some inherent, others incidental; and among the latter not the least is its tendency to concentrate the attention on the modes of dressing to the exclusion of constitutional and other causes of danger."

What Mr. Spence points out is what every thoughtful friend of Listerism sees looming in the distance. If there springs up such unbounded confidence in Listerism as the leader quoted from advocates, then the less thoughtful surgeons will begin to discard those other matters on which Mr. Spence so justly lays stress, and will most certainly bring discredit on a system which possesses the greatest promise. No one could deprecate more sincerely such an unfortunate result than Prof. Lister himself. He has built up his system by taking infinite pains in all his measures.

If the success so attained is to be marred by the folly of an assumed infallibility which will shield the careless and the thoughtless from the consequences of their folly it will indeed be grievous to the illustrious founder of the system and his friends. Nothing could conduce more to such an undesirable result than the partisan advocacy which Mr. Spence so reasonably condemns. That this is no imaginary danger, but one already taking form, the story told me by Mr. Knowsley Thornton, and given in a recent letter, demonstrates. Neglect of all other matters than the mere dressing of a surgical wound will soon bring any system, however excellent, into danger and disgrace.

Reviews.

Pharmacology and Therapeutics; or, Medicine Past and Present: The Goulstonian Lectures delivered before the Royal College of Physicians in 1877. By T. LAUDER BRUNTON, M. D., F. R. C. P., F. R. S., Assistant Physician and Lecturer on *Materia Medica* and Therapeutics at St. Bartholomew's Hospital. London: Macmillan & Co. 1880. Pp. 212.

Abundant testimony from the most observant members of the profession has been uttered within the last few years that therapeutics as a department of medicine has not kept pace in development with other departments. Our author says, "Although few persons possessing any knowledge of the history of medicine will deny that therapeutics has made some progress during the last thousand years, yet it is impossible to read the writings of the ancients without feeling that if some of the old Egyptian physicians, not to mention such men as Hippocrates and Galen, were to arise from their graves and commence practice we should have but little cause to sneer at their treatment, although we have the advantage of possessing the medical knowledge accumulated during the two or three thousand years which have elapsed since they flourished." But the book from which this quotation is made is the sufficient evidence that we have entered upon a broader and clearer road, and are about to make more rapid progress than in all previous time; and it is just such men as Dr. Brunton who will lead us to a better knowledge of old drugs and teach us how to ascertain the value of new ones. And it is just such clear, concise books as the one before us that will awaken the reader to a proper apprehension of the distinction between scientific pharmacology and therapeutics and what is ordinarily included in the phrase *materia medica* and therapeutics. Here is a book of less than

forty thousand words that, carefully studied, will give the earnest seeker after the real science of curing the ill more insight in that behalf than he can obtain in more pretentious books of twenty times the amount of reading matter.

After calling attention to the successive steps by which medicine in general has progressed from the earliest ages to the present, Dr. Brunton points out how difficult it is to obtain reliable information concerning the therapeutic value of medicines from clinical observation alone, because so many factors, occult and indefinite, enter into the causes that bring about results, good or evil, in the ill under treatment, that the effect of one or more of them can not be accurately measured. Nevertheless empiricism has been our chief source of knowledge in therapeutics, and enlightened empiricism will still hold an important place in our means of acquiring correct information in this department of medicine.

Dr. Brunton then sets forth that future therapeutics is to attain its highest development through the agency of pharmacology; that is, the study of the powers of drugs themselves; and this chiefly through their action on man in a physiological state, and this founded on the inquiry into their effects on the lower animals through rigid and exact experiment. As indicating the methods to be pursued in this direction, he presents three illustrations and illustrative instances of the determination of the therapeutic application of influential drugs by demonstrating their effect on the physiological animal. First, he narrates circumstantially the progressive steps taken by Magendie to work out beyond question that upas, which was afterward determined to be identical with strychnia, exerted its influence directly on the vesicular neurine of the spinal cord. When these experiments were ended there was nothing left to inference; the conclusion reached was established with mathematical certainty. And this was the first instance of arriving at the medicinal value of a drug through pharmacological processes. In the second place, with like succinctness and comprehensiveness he details the procedure by which Bernard demonstrated

the influence of curare on the terminal ramifications of the motor nerves; and as his third illustration he shows how himself experimented with casca bark, an African ordeal poison, until he worked out its close resemblance to digitalis, differing from it principally in its more immediate effect on the arterioles.

In the presentation of this series of experimental demonstrations as paradigms, our author, in an easy, natural, and pleasant sequence, introduces many anatomical, physiological, and pathological facts in such relation as to exhibit the necessity of a comprehensive knowledge of all branches of medicine in order to be a successful leader in any one of its departments.

From the direction of pharmacology the author anticipates continued and great improvement in therapeutics, and one can not rise from a perusal of his little book without joining him in that conviction and feeling that he is of those who will contribute largely to make his prediction of to-day a realization of to-morrow.

There is an unusual sense of psychical satisfaction in the perusal of Dr. Brunton's book, such as comes only of good material carefully arranged and treated with a fullness of knowledge that leaves on the reader's mind a spontaneous conviction that the author has accomplished precisely the task he had marked for execution, omitting nothing, nothing redundant.

The Principles and Practice of Gynecology. By THOMAS ADDIS EMMET, M.D., Surgeon to the Woman's Hospital of the State of New York, etc. Second edition, thoroughly revised. With one hundred and thirty-three illustrations. Philadelphia: Henry C. Lea. 1880.

The preface to this edition is as follows: "The unusually rapid exhaustion of a large edition of this work, while flattering to the author as an evidence that his labors have proved accept-

able, has in equal measure heightened his sense of responsibility. He has therefore endeavored to take full advantage of the opportunity afforded him for its revision. Every page has received his earnest scrutiny; the criticisms of his reviewers have been carefully weighed; and while no marked increase in the size of the volume has been made, several portions have been rewritten and much new matter has been added. In this minute and thorough revision the labor has been much greater than is perhaps apparent in the results, but it has been cheerfully expended in the hope of rendering the work more worthy of the favor that has been accorded to it by the profession."

We have quoted the above that our readers may at once see how favorably the book has been received and how thoroughly it has been revised by its conscientious, painstaking author. We have already expressed our high appreciation of this work in our notice of the first edition, and we are very glad to find the second edition issued so soon.

While writing this notice our eye glanced upon the following passage in the *Gazette Obstetricale* of June 5th: "Almost every gynecologist has his own pathogenic theory. Henry Bennett and Gallard attribute to uterine inflammation most of the diseases of this organ; T. Gaillard Thomas considers sub-involution as the most frequent cause; while Emmet makes pelvic cellulitis and cervical lacerations produce almost all the affections of the uterus."

It remains for the future to decide whether these latter causes are as potent as Dr. Emmet teaches. So numerous are the books on diseases of women, and so various (often conflicting) are the views of different writers, that the profession would receive with the greatest satisfaction a digest of the truths taught by each, reconciling all conflicts and bringing out in clear light all assured results, if only the time and the man had come for such codification!

Antiseptic Surgery: AN ADDRESS DELIVERED AT ST. THOMAS'S HOSPITAL, WITH THE SUBSEQUENT DEBATE; to which are added a Short Statement of the Theory of the Antiseptic Method, a Description of the Materials Employed in carrying it out, and some Applications of the Method to Operations and Injuries in Different Regions of the Body, and to Wounds Received in War. By WILLIAM MACCORMAC, M. A., F. R. C. S. E. & I., M. Ch. Hon. Caus. Surgeon, and Lecturer on Surgery, St. Thomas's Hospital, Consulting Surgeon to the French Hospital. London: Smith, Elder & Co., 15 Waterloo Place. 1880.

The secretary of the London Branch of the British Medical Association asked Mr. MacCormac to prepare a paper on Antiseptic Surgery. In answer, Mr. MacCormac embodied his views on that topic in an address, which he delivered in December last at St. Thomas's Hospital. The audience which assembled on the occasion contained representatives from the several medical schools of the metropolis. The debate which followed the address was participated in by many eminent surgeons, and may fairly be considered to express the surgical thought of London. And the surgical thought of London is confessedly among the best and most advanced of the day. So modest was Mr. MacCormac that it did not occur to him to give either the address or the debate any further publicity, until Mr. Spencer Wells—always alive to the interests of science—suggested that it should be done. The consent of those who took part in the discussion was next obtained, and the present volume is the result. Beside containing his admirable address and the remarks of the distinguished participants in the debate to which the address gave rise, Mr. MacCormac has with a laudable desire to increase its usefulness made a number of additions to the work. Among them may be mentioned a very brief but exceedingly lucid statement of the more prominent points of the theory on which the antiseptic practice is based, and which in our author's opinion is essential to the successful application of the antiseptic system; a full description of antiseptic materials and the manner in which they are prepared; while a chapter is given to some of the

practical applications of the method, including reports of many interesting cases. Further, the work contains a large number of particularly well-executed cuts of different forms of spray-producers, of sutures and drainage-tubes, of bandages, tampons—in a word, of most matters in antiseptic practice which are made clearer by illustrations.

The position of antiseptic surgery has been, in more ways than one, singularly odd. As a scientific question, it was said by Mr. Lister's ablest hospital colleague, Mr. Jno. Wood, to be "so momentous that it would be difficult to exaggerate its pressing importance, not only to the profession, but even still more to the public," while the more enthusiastic of its advocates think it not too much to say that Listerism is but another term for "surgical safety and all the great consequences which follow from it." And yet although the antiseptic system has been on trial for now more than fifteen years, how little has been written upon it in a systematic, practical way! In England, the present home of its illustrious author, an occasional magazine article, reports of a few cases now and then, a fragmentary clinical lecture with snatches of acrimonious talk at societies constituted until very recently the literature of antiseptic surgery within reach of the average reader. In America this journal published in 1879 the original and very valuable lectures of Mr. John Chiene, of Edinburgh, on antiseptics, which, up to the time of the volume before us, contained much the best account both of the theory and the practice of Listerism.

But, tempting as this branch of the subject is, the want of space obliges us to defer to a future day much that we had desired to say, and to omit many extracts from the volume which we had desired to use. Some time back we took occasion to remark that Mr. MacCormac would prove one of the staunchest as well as ablest advocates of antiseptic surgery. That opinion has received quick confirmation in the work before us, of which it affords us real pleasure to speak in terms of the very highest commendation. The address with which the volume opens is admirable. The debate which it provoked will remain among

surgical polemics as a model of courteous directness, philosophic fairness, critical cleverness, English independence, and blunt honesty. The supplementary chapters of the author are essential to a practical understanding of the workings of the antiseptic system, and the book would have been incomplete without them. As having furnished the only full and systematic treatise which has yet appeared in the English language on antiseptic surgery—and withal a most attractive book—Mr. MacCormac has done the profession a genuine service. We hope the work will soon be issued from an American press in a form as handsome as that which it now wears, when it can not fail to find its way to the libraries of all who care to know of the history and present status of the most momentous question of all modern surgery—that of the value of Listerism.

Lessons in Gynecology. By WILLIAM GOODELL, A.M., M.D., Professor of Clinical Gynecology in the University of Pennsylvania, etc. With ninety-two illustrations. Philadelphia: D. G. Brinton, 115 South Seventh Street. 1880.

This is the second edition of Dr. Goodell's admirable book, the first edition having been exhausted in six months. The Lessons have been partially revised and four new ones added. It is unnecessary to add a word to what has already been said in these pages commending this volume. It has received just professional approval, and is destined to a wide circulation and great usefulness.

Clinic of the Month.

SALICYLATE OF SODIUM IN THE TREATMENT OF IRRITIS.—Dr. Chisholm, Professor of Eye Diseases in the University of Maryland, writes, in the Archives of Ophthalmology, that salicylate of sodium has accomplished good work at the Presbyterian Eye and Ear Hospital of Baltimore in the treatment of acute scleral and iritic inflammations. In the latter disease especially has its effects been the most satisfactory and its controlling action the most prompt. Its good work has been exhibited in cases of idiopathic iritis, whether the inflammation originated from specific poisoning or from other internal causes. In many cases the disease when at its height is influenced so readily that in the course of twenty-four hours a marked improvement is experienced in the symptoms, with relief from pain and a subsidence of the injection—a satisfactory evidence that the paroxysm of acute iritis has had a serious check. In comparatively a few hours convalescence sets in, and is steadily progressive to a speedy and perfect cure of the acute inflammatory process.

The doses necessary to bring about these good results are large, and must be frequently repeated at short intervals. Water forms a ready solvent for the salt, to which any aromatic addition, as tincture of cardamon, ginger, orange-peel, or extract of liquorice may be made to mask its disagreeable taste and to complete what is usually called by dispensing-druggists an elegant preparation. For hospital work the dose is twenty to thirty grains taken in a wine-glass of water and repeated every three hours, making from one hundred and fifty to two hundred grains of the salicylate of sodium for the first twenty-four hours of treatment, to be continued until the desired effects are produced. Should the paroxysm show decided indications of yielding at the end of the first day, the intervals may be increased to

four hours, then to three times a day, slowly tapering off until the remedy is no longer needed. At times the stomach is much irritated by these doses, and nausea even to vomiting is induced. The head will ring as if from full doses of quinine, and temporary deafness is a very common sequel of the liberal administration of this drug. Some of my patients have complained of cerebral excitement, and even of hallucination not always in a pleasant form. All of these disagreeable symptoms have promptly disappeared when the remedy is discontinued, and do not always accompany its administration.

If decided benefit is not observed in forty-eight to seventy-two hours the salt is not likely to prove useful in the given case, and the stomach and head disturbances require a change of treatment. I have promptly checked recurrent attacks of specific iritis in a few days by the administration of the salicylate of sodium, which, under the usual treatment of mercury and the iodide of potash, would necessitate weeks of medication to bring about the same salutary results. With the salicylate treatment mydriatics of course can not be omitted.

LITHOLAPAXY.—In an excellent paper on this subject by Dr. E. L. Keyes, in the *Annals of the Anatomical and Surgical Society of Brooklyn*, he states the following practical points:

1. Litholapaxy is applicable to all stones in the adult capable of being broken by an instrument which can pass the urethra. Multiple stone is rather an advantage than otherwise where there is much calculous material.
2. Stricture does not contra-indicate the operation. If near the meatus it may be cut at the time of crushing the stone. If deeper it should be cut or stretched by preparatory treatment.
3. Prostatic hypertrophy is no bar to the operation so long as solid instruments of reasonable size can be made to enter the bladder without the use of force.
4. Age is no bar to the operation.
5. Inflammatory conditions of the bladder do not contra-indicate the operation, although undoubtedly a reasonably healthy bladder furnishes a better field.
6. Chronic Bright's disease, heart-disease, and general debility do

not so seriously contra-indicate this operation as they do others upon the urinary tract, and may be almost disregarded, unless so far advanced as to make any other surgical maneuver upon another part of the body undesirable. Preexisting pyelitis is the gravest complication which can (immediately) compromise the success of the operation.

7. The operation should not be undertaken without a large previous experience upon a dead body or a small experience upon the living subject with old-fashioned slow lithotomy without ether.

8. A lithotrite which can not be made to clog, will not readily catch the bladder, and is as small as will satisfy the requirements of the stone as to size and hardness, is desirable. The tubes may be straight or curved as large as the urethra will admit comfortably after cutting the meatus, if necessary, and any efficient washing-bottle can be used which may suit the operator's fancy if it be a bottle which will not allow air which may have accidentally entered the bladder to remain there.

9. A surgeon should not undertake the operation unless he feels confident that he can recognize the fact at once if he catches the bladder, so that he may drop the fold of mucous membrane immediately without bruising it.

Preparatory Treatment. I think it better, in all cases where inflammatory symptoms are at all active, that the patient should rest in bed for a few days before the operation is undertaken, drinking freely of Bethesda or Poland water, or taking a milk diet with a little of some bland alkaline diuretic such as the citrate of potash.

If the urine be acid and reasonably clear this is all the preparatory treatment required. Should the urine be ammoniacal, putrid, highly purulent, especially if atony of the bladder coexists with decomposition of the urine, the bladder should be washed out once or twice a day with a strong solution of borax in hot water, a tablespoonful (more or less, according to the patient's sensibilities) of borax to the pint of water at above 38° C. (100° F.). Benzoic acid or one of the benzoates may be administered by the mouth at the same time, if the stomach be vigorous; otherwise I prefer Bethesda or Poland water in free doses, from one to three pints a day.

In any case the urethra should be thoroughly tested with a smooth steel sound of large size, to insure its patency, and that the operator may become familiar with any peculiarities of the canal.

None of this preparation is absolutely necessary, but it is desirable. On more than one occasion I have gone out of town to operate upon a patient who had no preparatory treatment, and with the happiest result. But I have always gone prepared for any emergency.

Such ordinary treatment as the use of quinine and what anodyne

may be required is governed by the rules applicable to all cases of urinary surgery.

After-treatment. The after-treatment is equally simple. The catheter may be required to relieve temporary retention of urine. The washings with borax are indicated in all conditions of atony or where the urine has been previously putrid in any degree. Otherwise nothing is usually called for except a little quinine, more or less anodyne for a few days, a continuance of Bethesda water or the alkaline diluent, and rest in bed for perhaps a week. I am accustomed to assure a patient that if all goes reasonably well he will be up and about in one week after his operation.

A final wash and search for possible last fragments can not be omitted after the patient is up and about before dismissing him as cured.

The Operation. The patient is left upon his back on his bed, which for the convenience of the operator should be a high one. His hips are raised a little upon a pillow, and a rubber cloth is placed beneath him. One assistant attends to the ether, another to the washing-bottle. No other assistants are necessary unless the case is one of those exceptional patients who do not lie quiet or who become rigid under an anesthetic. In such cases two more assistants are necessary to hold the knees quietly apart.

If the urine has been ammoniacal and decomposed the first step in the operation is to introduce a tube, and after having drawn off the urine thoroughly wash out the bladder with a warm solution of borax. A little of this wash is left in the bladder, and the crushing is then carried out according to ordinary rules, from six to twelve seizures being made in rapid succession until a fair amount of detritus has been created. Then the tube is introduced and the bladder washed so long as fragments continue to fall freely into the receiver, changing the position of the end of the tube in the bladder from time to time. The lithotrite is reintroduced and the washing repeated until the bladder is empty of stone. A little fine dust may remain and come away during urination, or even a small fragment may be overlooked or left behind knowingly rather than prolong the operation greatly.

HYOSCYAMIA IN INSANITY.—Dr. John P. Gray, Superintendent New York State Lunatic Asylum, thus speaks of this alkaloid:

As a sleep-inducing remedy hyoscyamia will often succeed in cases of furious insanity, where other remedies fail, and it has the advantage that it can be easily and safely administered hypodermically. In some

cases of violent mania, where there is failure in cerebral energy, a combination of hyoscyamia and morphia is desirable. I have given, in cases of depression bordering on melancholia, and cases of high nervous excitement with muscular restlessness, the following: R. Ext. nucis vom. ; morph. brom. $\ddot{\text{a}}$ grs. 8 ; piperin grs. 10 ; hyoscyamia grs. 3. Ft. pil. 30. Sig. One twice a day, and reduce to one at night.

I have seen very beneficial results in this class of cases from the twentieth to the fiftieth of a grain of hyoscyamia three times a day. The dose of the crystal varies from the fiftieth to the half of a grain, and as high as three quarters has been given.

There are some who may take large doses without any apparent effect. It may be fairly stated, I think, that if, after the administration of a few doses, it does not produce a quieting and calming influence, it should be discontinued, and other remedies, such as chloral, morphia, conium, or the bromides substituted. No remedy is universally applicable nor universally beneficial. In high excitement, where there is considerable plethora, I have found it advantageous to give the bromides internally and the hyoscyamia hypodermically, and in others to alternate hyoscyamia with the bromides. These remedies together are especially useful in mania associated with epilepsy.

In paroxysms in chronic insanity, where persons are in a state of mental perturbation, and under the control of marked delusions, and inclined to destroy or take off their clothing, and keep up what might be called a constant "fussing and massing," small doses of hyoscyamia internally or hypodermically are very useful. This condition occurs in cases of incomplete dementia as well as in chronic mania. The medicine seems to relieve the muscular and nervous restlessness, and to quiet the cerebral perturbation.

We had long been familiar with the value of the other preparations of hyoscyamus in these cases, but the alkaloid is so much more active, and so much quicker in action, and gives such immediate relief to the irritability of the brain, that its value is conspicuous. As a rule in such cases it is not necessary to continue the remedy for any length of time. Indeed it is generally quite sufficient to give it once or twice a day, or once a day and once at night for a few days—then intermit. We have found it very useful as a medicine, and in no instance harmful. Discriminately used, it certainly aids in the comfort and restoration of the patient. To be able to give even reasonable brain-quiet to conditions of frenzy is quite as comforting and aidful as to relieve the restlessness of a fever patient by a bath, and saves from just so much useless wear and tear.

I have found it beneficial in hysteria, and also in chorea. I have

not had the opportunity of personally observing its influence in delirium tremens.

We have not found it particularly valuable in chronic insanity, where very marked delusions are quietly held; that is, when the insanity is fixed and there is no raving or frenzy, and when, if there is resistance to food, care, etc. it is due to a quiet determination to carry out this purpose. (American Journal of Insanity.)

BENZOATE OF SODA IN PARASITIC DISEASES.—This substance is greatly vaunted in Germany as a specific against parasitic diseases, among which are ranked pneumonia and pulmonary tuberculosis. Rokitansky makes his patients inhale, by means of a spray apparatus, a gram of the drug for each kilogram bodily weight. Schwitzer, also partisan of the anti-parasitic treatment of phthisis, gives preference to inhalations and subcutaneous injections of phenic acid. Klebs, of Prague, signals the efficacy of benzoate of soda in all febrile diseases having an infectious character. The fever does not yield as quickly as with quinine or salicylate of soda, but it disappears in a more certain and permanent manner. Letzerich recommends it in the treatment of diphtheria. Upon twenty-seven patients treated during an epidemic he affirms to have lost but one, and that a child. In these cases the benzoate of soda is employed internally, the dose being from five to twenty grams, according to age, in about six ounces of vehicle, and externally in powder applied to the affected parts.

A NEW TREATMENT OF SMALLPOX.—A Lyons doctor has discovered a new mode of treatment in smallpox which he asserts is preëminently curative. As it is well known that death arrives in this disease at two distinct periods—in the first three days when the eruption with difficulty manifests itself, or when the multitude of pustules inflame and throw into the circulation the suppuration of the face, chest, and extremities successively—it is against this last danger that the doctor in question has adopted this treatment, which consists in painting toward the end of the seventh day, when the suppurating fever commences,

the whole surface of the body, commencing at the feet, with a mixture of glycerin three parts, tincture of iodine one part. This painting process is renewed every four hours until the twelfth day of the disease. Our *confrère* asserts that he treated thus seven cases of confluent smallpox successively.

HYPODERMIC QUINIA.—A Russian doctor, in St. Petersburg Medical Gazette, recommends the hypodermic injection of quinine in the treatment of certain fevers in which the alkaloid is indicated, on account of the certainty and rapidity of its action. Besides, quinine thus administered had upon the uterine contractions in confinements a powerful and prompt influence. M. Smoliskii employs from preference chlorohydrate of quinine which did not crystallize at a moderate temperature. He dissolves it in distilled water.

BROMIDE OF ETHYL.—M. Terrillon communicated to the *Société de Chirurgie* his experiences of bromide of ethyl. He had already employed it a dozen times, and in every case he saw produced a white spot after one or two minutes, indicating anesthesia of the skin. The pain was *nil*. The white spot was not indispensable, but he always remarked it.

Notes and Queries.

THE AMERICAN MEDICAL ASSOCIATION.—Over eleven hundred and fifty doctors registered in New York on the 1st day of June, 1880, as members of the American Medical Association, assembled to constitute its thirty-first annual session. Association Hall, Twenty-third Street, near Fourth Avenue, was the place of holding the general sessions, and in the same building and in the edifice of the College of Physicians and Surgeons near by were provided rooms for the several sections.

After an appropriate prayer the address of welcome was delivered by Dr. T. Gaillard Thomas in the stead of Dr. S. O. Vanderpool, originally appointed chairman of the Committee of Arrangements, but now absent in Europe. Dr. Thomas delivered, as all anticipated, a chaste and thoughtful address, pointing out the progress of the city in the sixteen years that had elapsed since the last previous meeting of the Association in New York; alluded to the business palaces of its princely merchants and bankers; referred to its miles of hospital wards, almost numberless benevolent and charitable institutions, and the generous sums contributed for their maintenance; and spoke with acceptable pride of the number, variety, and completeness of its scientific establishments, and of the earnest work accomplished in them, finishing this part of his theme with the just expression that New York "should to-day be known as the 'city of noble charities' and the home of healthy, vigorous science," and closing his eloquent address with the words, "In the name of the united profession of the city of New York, and with outstretched hand and glowing heart, I bid you welcome, thrice welcome, to our home."

Dr. Lewis A. Sayre, president of the Association, followed with his official address, early in which he announced the unique

idea that jealousies, bickerings, and backbitings that formerly existed among the members of the profession had disappeared because "the science of medicine has been so much enlarged . . . as to require that every moment of a man's time be occupied in the closest study if he would keep himself abreast with the daily improvement in our profession, and he who is thus occupied has no time to study the defects of others." Conceding this to be a true picture of the fraternity in the metropolis of the nation, may we not hope that in time this beatific condition will spread over the profession of the whole land? It has not yet, however, reached all the precincts of the Ohio Valley. President Sayre recited *con amore* the special leading achievements in the world of American surgeons. Then, after calling attention to the scientific desirableness of adhering to the metric system as adopted by the Association at Atlanta, he completed his address with a strong argument in favor of following the example of the British Medical Association in establishing an official journal in which should be published the proceedings of our Association, including all papers, and discontinuing the cumbrous volume of *Transactions*. A committee consisting of Drs. Chaillé, S. D. Gross, Weatherby, Bronson, and Gillette, was subsequently appointed to report on the feasibility of Dr. Sayre's recommendation to the next annual session of the Association.

But one essay had been submitted to the committee for a prize, and while the committee conceded merit to this dissertation they did not deem it sufficient to justify the award of a prize. Hereafter there are to be four annual prizes, each of two hundred and fifty dollars, the questions for competition to be selected by committees of three named by the chairman of each of sections 1, 2, 3, and 4, and the awards to be made by three experts to be appointed by the chairman of each section as above, and all this pursuant to law as amended at this session.

A little oratorical breeze sprung up early in the proceedings of the second day in consequence of some anonymous charges having been made against the ethical purity of the chief of the medical bureau of the United States Navy, and the Committee

of Arrangements had refused the delegates from the navy recognition until the judicial council should pass upon their eligibility, and the council declined to act until the charges were signed by some responsible party. In this state of affairs the navy was likely to remain out in the cold during the entire session, to which its representatives and their friends objected with laudable vehemence, while those who instigated the measure insisted that no organization could have its delegates received while charges against it were pending before the judicial council. The waves of words were running high and furious, when the venerable Gross stepped to the front, and in a few earnest words, uttered with judicial fairness and dignity, proposed that until the judicial council should find some one to father the anonymous charges and establish their truth the delegates from the navy shall have all the rights of the most acceptable representatives. This was promptly agreed to with many and loud ayes, and the troubled waters became as calm as a summer sea.

Last year Dr. Chaillé, of New Orleans, submitted an elaborate essay on state medical affairs, embracing nine propositions looking to action by the Association, to advance medical progress in sundry ways, and these propositions were referred to a select committee to report this year. Dr. Pratt, of Michigan, made the report, and a most admirable report it was—clear, logical, and judicious, unfavorable to all the propositions except the fourth, which related to establishing an official periodical in lieu of our volume of *Transactions*; and touching this his committee thought well of it as an abstract proposition, but were of opinion that the fullness of time had not yet come to inaugurate the change, though in our natural growth we should reach such a stage of development soon. Possibly the committee on the subject already mentioned may find the appropriate time to be 1881.

On Thursday the report of the Metric Executive Committee was read by the secretary of the Association, and favored the cultivation of the metric system in all departments of medical teaching and practice. This was warmly opposed by Drs. Brodie and Fairbanks, of Michigan, and Bronson, of Massachusetts, and

most earnestly espoused by Drs. Cole, of California, Hunt, of New Jersey, Antisell, of District of Columbia, and Lyons, of Connecticut. Dr. Antisell made an especially forcible plea for its maintenance. The Association then adopted the following propositions: 1. Recommends the teaching and practice of the metric system in colleges, clinics, dispensaries, etc.; 2. Charges its Executive Metric Committee to report annually the institutions which teach and those which do not teach the metric system; 3. Authorizes committee to enter into communication with the metric committee of the British Medical Association, in order to concert such plans as may render the use of the metric system simultaneous and uniform in both countries. The Executive Metric Committee consists of Dr. Parvin, chairman; Dr. Seguin, secretary; and Drs. Wigglesworth and Weist.

Drs. Beach, of Ohio, Goodbrake, of Illinois, McGuire, of Virginia, Briggs, of Tennessee, and D. W. Yandell, of Kentucky, were appointed a committee to secure social recognition of the members of the medical staff of the United States Navy equal to that of like grades in any department of the service.

Dr. Hibberd, by direction of the section of Medical Jurisprudence, Psychology, State Medicine, etc., presented the following resolutions, which were unanimously adopted, viz:

Resolved, That a general sanitary organization is a necessity of every enlightened commercial nation, and the service of the National Board of Health since its organization has been such as to impress us that both in its personnel and organization it is entitled to the confidence of the government and the people, and we join the American Public Health Association and the National Academy of Sciences in earnestly recommending to Congress that the suggestions and estimates of the board receive their legal sanction, believing that the money asked for is necessary to the work of the board and will be a most judicious expenditure of public money.

That the Association, in view of the importance of sanitary science, recommend medical schools to establish a chair of State Medicine as a part of their regular curriculum.

That hereafter Section 4 be named simply "Section on State Medicine."

That the Committee on Prize Essays on the part of the section be

Drs. S. E. Chaillé, of Louisiana, J. L. Cabell, of Virginia, and A. W. Bell, of New York.

The Association adjourned before 12 o'clock on Friday.

Dr. John T. Hodgen, of St. Louis, was selected president with great unanimity—a choice most worthy to be made and an honor to the Association. Quite possibly it was a recognition of his unobtrusive merit that gave him unsolicited the honor that others sought unwon.

Richmond, Va., was selected as the next place of meeting, and the first Tuesday in May, 1881, as the time.

Entertainments for the members of the Association were prepared for each evening and for the afternoon of Friday. On Tuesday evening a reception at the Academy of Music was given, the parterre in its theatrical sense being transformed by a super-temporary floor and an artistic arrangement of an immense supply of flowering plants, shrubs, and climbers into a floral parterre, which, with other decorations and the gay garniture of five hundred ladies, contrasted with the somber costume of fifteen hundred gentlemen, one third of the whole number constantly promenading in the parterre, illuminated by countless gas jets, and the melody of a superb orchestra away up in the gallery, floating down on spectators, promenaders, and parterre, altogether made a picture of animated beauty harmonious and enjoyable beyond the ordinary experience of assemblages of doctors. In an adjoining hall, reached through a double, cave-like passway, studded with flowers and foliage and covered with vines, was served an elegant repast, in quantity, quality, and style a fitting finish to the other appointments of the occasion.

Wednesday evening the members were invited to Booth's Theater to witness the tragedy of *Othello*, with Mr. Edwin Booth as Iago. Too small a theater or too many doctors prevented a large number of members from knowing whether the acting was good or not.

On Thursday evening receptions were held at the residences of Mr. August Belmont and Mayor Cooper, and at the Academy of Medicine by Drs. Barker and Thomas. At these every thing

was elegant and chaste, and the refreshments rich in food and inspiring in drinks. No ladies were invited to either of these receptions.

Friday afternoon at 1 o'clock a fine large steamer received the members and other invited guests, steamed up the North River past the grand Palisades to Yonkers, thence down around the city front and Blackwell's Island, and down the magnificent harbor to Coney Island pier, where a landing was made, and in an adjoining hall the invitees were refreshed with an elegant repast of rich viands and beverages that exhilarate only. The imposing and instructive scenery on this trip, natural and man-made, can not be surpassed in the world on a voyage of equal extent; and those who enjoyed it will have a pleasing and abiding sense of obligation to Messrs. William Wood & Co., whose courtesy and purse provided the pleasure.

This excursion completed the exterior exercises of the Association; and whatever opinion may be generally entertained of the social festivities of our annual sessions by non-attendants, the very full patronage they receive from attendants testifies to their popularity and appreciation by that class.

The scientific work of the Association is done of afternoons in the sections, and this year the Committee of Arrangements suggested that they meet at 2 o'clock, which was sanctioned by the Association, and thus gave long sessions for professional labor. The committee also established temporarily a section on Diseases of Children, which was subsequently, by formal action of the Association, made a permanent part of the plan of organization. These long sessions of the sections were fully occupied by an unusual number of exceptionally good papers and short, crisp criticisms of them by many of the most noted medical men of the country. The total number of professional papers read and discussed in the several sections was eighty-seven, as follows: Section on Practical Medicine, *Materia Medica*, and *Physiology*, fifteen; section on *Surgery and Anatomy*, twenty-one; section on *Obstetrics and Diseases of Women and Children*, eleven; section on *Medical Jurisprudence, Chemistry, Psychol-*

ogy, State Medicine, and Public Hygiene, eighteen; section on Ophthalmology, Otology, and Laryngology, sixteen; section on Diseases of Children, six. Space will not permit a more detailed account of the sections; but it is only justice to say that at no previous session of the Association has there been manifested as much interest in the scientific work of its subdivisions, nor has there ever before been so much of it done, nor so well done, including both essays submitted and the discussion of their merits.

We give here from the Medical Record a few abstracts of addresses and papers before the sections of the Association:

Dr. James F. Hibberd, of Richmond, Ind., chairman of the Section on Medical Jurisprudence, State Medicine, and Public Hygiene, after some general remarks, in course of which the interesting fact was brought forward that *in all previous time* with reference to public hygiene there had been published four hundred and fifty-nine documents of all kinds as against fifteen hundred and twenty-five published during last year, spoke of the request made by Congress of the Academy of Sciences to report upon some better way of legally taking human life than by hanging. It seemed unaccountable, while life was destroyed so easily, so surely, and so promptly by the taking of prussic acid or by aid of a powerful current of electricity, the process of hanging should have continued so long without effective remonstrance. In connection with this topic, allusion was made to the step of progress made recently by Judge Heller, of Indianapolis, in fixing Wednesday instead of Friday as the day upon which the law should be executed by hanging, and thereby breaking into the almost universal custom that has sustained and nourished prejudice and superstition which had been specially unhealthy in its influence upon all classes of people.

The second part of the address was devoted to certain questions connected with psychology, which in its general sense had had a very active state imposed upon it by recent investigations concerning the functions of the brain. Of psychologists there were two classes; first, theological, and second, scientific. The former was earnest, active, positive; and the latter, to which physicians mostly belonged, had become thoroughly aroused to the necessity of investigations to determine whether certain parts of the brain gave rise to certain attributes of mind, or whether the brain as a whole is the organ of the mind as a whole.

There was no broad dividing-line between the theological and the scientific investigator, yet their courses were entirely distinct from each other. There was not necessarily, however, any conflict between them. For a long time the brain had been recognized as the organ of the mind; but to the investigations of Hitzig and Fritsch was the new impulse due which had led many observers subsequently to pursue study in the same direction.

Reference was made to the increase in the number of the insane, and the questions asked, How far should the state assume the guardianship and maintenance of the insane? and What was the best method of proceeding?

Dr. H. was of opinion that special training was not necessary to the proper treatment of the insane, any more than for the application of therapeutics in the treatment of any other brain-disease or morbid condition of the system generally. He spoke of a social aspect of psychology, of hereditary transmission of disease, of the transmission of the tendency to intemperance and the commission of certain crimes. Would it not be discovered presently that all such irregularities—crimes, if you prefer—are due to imperfect nervous systems, and may not the tendency to such be transmitted? If due to disordered brain, may not that react and lead to degeneration and disease of other organs? Under the head of *State Medicine* he referred to the lack of uniform and well-considered plans with municipal and local boards of health, and to the working of the National Board of Health, and its ability to meet the demands of the hour without interfering with local or state organizations. Special reference was made to the fact that though sanitary science was yet in its infancy its influence was felt not only in this country, but had already become international.

Dr. V. P. Gibney, of New York, read a paper on the Strong Galvanic Current in the Treatment of Sciatica. In thirty-two cases treated as above twenty-four were entirely relieved, three moderately relieved, and five not relieved. The currents were given daily; sixteen of the cases had no relapse at date, several others had only slight relapses, and only four had a permanent return. Several cases were relieved. In one twenty-seven cells were applied for ten minutes daily for several days with rapid relief. The duration of the disease in the cases reported varied from a few weeks to several months. The current should be a stable one, the labile current is not a constant one. The current should be just as strong as the patient can bear it. The application should be given for ten minutes, or even fifteen, if possible. It should be given twice a day at first, if possible, and kept up for fifteen or twenty days. If by that time no good results ensued it had

better be discontinued. Six to ten seances may secure success. The descending current is preferable.

Dr. A. D. Rockwell, of New York, said that electricity in any form will not always cure sciatica. He cited cases cured by the faradic current.

Dr. George M. Beard, of New York, spoke of the relative value of strong and weak currents; said that it is true that in whatever way electricity might be given it will sometimes cure neuralgia. Practically Dr. B. did not find much difference in results, whichever way he applied the current, although on the whole the positive pole is somewhat soothing and the negative irritating. He thought that there was much value in the treatment suggested, but there was a caution needed, for he had seen cases injured by overdoses of electricity. He would never begin a treatment of sciatica with such powerful currents, but would use weaker ones at first.

Dr. H. G. Piffard, of New York, spoke on Lupus, and illustrated his subject by excellent demonstrations with the magic lantern. He stated his belief that the pathological significance of lupus was that of a scrofulous skin-affection. He mentioned three varieties: 1. Superficial non-ulcerative lupus, or erythematous lupus; 2. Ulcerative lupus with superficial ulcerations, never penetrating beneath the skin; 3. Lupus with deep ulcerations invading deeper tissues. Thorough local treatment was emphasized. His method consisted of complete removal by the scoop, with subsequent application of the actual cautery. Excision might also be followed by the application of chloride of zinc. Still relapses were apt to occur.

Dr. Hutchinson, of Brooklyn, read a paper on the Treatment of Syphilis at the Commencement and End of the Nineteenth Century, by Dr. Charles R. Drysdale, of London. The author explained his usual method of treating syphilitic patients. These had usually been young women under the age of twenty-five, the occupants of the Rescue Society's Hospital, at London. He had used no form of mercury with the girls but the green iodide. At first he had given one third of a grain twice daily; but his experience soon showed him that even these small doses not unfrequently caused salivation in the course of a month or so of daily treatment. For this reason he had latterly given one sixth of a grain of that salt in combination with two grains of extract of henbane, in a pill twice daily. This dose seemed to be well tolerated, and did not produce salivation, even when continued for months. Under this treatment the disease went on in a favorable manner. For the most part the secondary eruptions were benignant,

accompanied occasionally by slight alopecia and mucous tubercles, which latter symptoms were amenable to local treatment by means of chlorine lotions and isolation. The paper closed with the following conclusions: 1. The initial lesion requires no mercury; 2. Syphilis, when iodine is used without mercury, is usually mild; 3. Syphilis, when treated with very small doses of iodide of mercury, is usually mild; 4. Iritis may supervene while patients are taking courses of mercury, but it is usually amenable to treatment by blisters and atropine; 5. Tertiary syphilis is rare after iodide of potassium and iodide of mercury; 6. It is best treated by large doses of iodide of potassium, adding mercury when that remedy fails; 7. Cerebro-spinal syphilis supervenes in some cases early in the disease, and we may then give both specifics, or iodide of potassium alone; the same holds good in syphilis of the testis, liver, or lung; 8. Mercury and iodide probably act by their power of destroying low vegetable organisms in the tissues—the yeast of syphilis (Hutchinson); 9. The dose of mercury ought to be very small.

The Elastic Bandage. Dr. Martin, of Boston, said that the bandage should be applied with intermissions, otherwise vesication would supervene. The different sizes of the writer's bandages were then mentioned, and their particular uses fully explained. Pain rarely attended the application of the rubber bandage, and even a raw surface should not deter the surgeon from reëmploying it, as this and similar conditions, however angry in appearance, were not essentially dangerous. Some drawbacks incidental to this method were then adduced. These were chafing, profuse sweating, and occasional extreme pruritis. The intervention of cotton or lint reduced such annoyances to a minimum. Washing with tar soap was useful in eczema; vaseline might also be employed. But all these disturbances disappeared before the great benefits connected with the bandage. He spoke of his successes in the treatment of non-ulcerative varicosities and large ordinary ulcers, and stated that he now employed much thinner bandages than formerly.

A paper was read by Dr. Addinell Hewson, of Philadelphia, on the Treatment of Fibroids of the Uterus by Dry Earth. For more than twelve years, he said, he had been engaged in the investigation of the value of the use of earth in surgery, and notwithstanding the opposition and ridicule that he had met with, he was glad to announce that its claims were now established to such an extent that he felt amply rewarded for his efforts in this direction. After alluding to its application, and the method of the same in general surgery, he proceeded to speak of the subject proper of the paper. The first case in which he had employed it was one of very multilocular fibroid. A layer of

paste or clay a quarter of an inch in thickness was placed around the abdomen and back, covered with a thin sheet of cotton batting, and secured by a many-tailed bandage. The patient was immediately relieved of all pain, and a reduction in the size of the abdomen was noticeable from the first. At the end of three weeks the abdomen was diminished one half. Eventually a perfect cure was obtained. This was no phantom tumor, since at one time the abdomen had been opened (by another surgeon) under the impression that there was an ovarian cyst, when it was found that the tumor was attached to the uterus and weighed thirty pounds. Fifty cases had been treated in the same way by him, and with almost equally satisfactory results; except in one instance, where the patient died of an intercurrent affection. However great the pain previous to the application of the earth, this was so completely relieved that anodynes were never necessary subsequently. The tenderness on pressure was also immediately relieved, and within twenty-four hours the reduction in size was often very remarkable.

In the case where the patient died an autopsy was secured, which was looked to with great interest, as no opportunity had yet been afforded for the examination of a tumor which had been under treatment. A large fibroma of the uterus undergoing cystic degeneration was found, the principal cyst containing twenty pounds of fluid; as the solid portion weighed twenty-seven pounds, the total weight of the tumor at the time of death must have been forty-seven pounds.

The effect of the earth Dr. Hewson considered to be a chemical one. In all cases where it was at all likely to be of service it was a curious fact that the relief of pain commenced before the first dressing was completed. The material he preferred to use was the fine yellow clay, such as is employed for making the best Philadelphia brick. Potter's clay did not seem to produce the same beneficial effects.

Dr. R. Beverly Cole, of San Francisco, made some remarks on Sponge Tents and their Mode of Preparation. When it was necessary to dilate the os and cervix uteri he considered the sponge tent better than all others, for the reason that none of the others could be made to remain *in situ*.

The objections to those commonly kept in the shops were that they were not of the proper size or shape, generally being altogether too large; that they were apt to be made of very coarse sponge, and hence the dilatation could not be carried to the extent desired; and that as usually prepared they gave a great deal of unnecessary pain on account of their coarseness and roughness. He made his own tents out of fine

cup-sponge, free from all coral or other mineral impurities, such as surgeons use. The sponge was dipped in melted wax, and then subjected to very great pressure (which could best be secured by a letter-press), which forced all the superfluous wax out of the sponge, and flattened it out to a thin cake. After being pressed out in this way the sponge could then be cut with the knife or scissors into any shape desired, care being taken to cut it in the direction of its long axis. In many instances it was necessary to begin with a tent not larger than a knitting-needle. Before using it should be provided with a thread by which it should be removed.

Dr. Pallen could not permit this opportunity to pass without expressing his strong disapproval of the use of sponge tents in general. He knew of nothing in all gynecological practice that had caused so much evil as the sponge tent. He was opposed to its use on account of the great dangers attending it, and because there were so few cases (except for purposes of dilatation, when other agents might be employed) in which it was applicable.

DIED—At Pine Bluff, Ark., May 4th, Dr. James Mosely Holcombe, aged forty-one years. An accomplished physician, a kind neighbor, a good citizen, suave, genial, gentle, his loss will be felt by a very wide circle of friends.

June 6th, in Washington City, Dr. James Crowdhill Hall, aged seventy-five years. Dr. Toner thus concludes an appropriate obituary notice of his lifelong friend:

The value that such a life as Dr. Hall's has been is simply incalculable, not only to the medical profession, but to all observing persons impressed by virtuous conduct. His counsel was always given in the best interests of a broad and generous humanity. His life-work was earnest and noble, and he goes down to his grave honored and beloved as no medical man has ever been in this city.

THE PORTION OF THE GENERAL PRACTITIONER.—Dr. Jacobi says the general practitioner will in future obtain, as the legitimate province of his practice, the male half of mankind and very old women and very young children, provided he will keep his hands off their eyes, ears, nervous system, lungs, heart, urinary organs, venereal diseases, nose, larynx, skin, hair, and corns.

THE KENTUCKY STATE MEDICAL SOCIETY.

My Dear Practitioner:^{*}

AT HOME, May 30, 1880.

The Kentucky State Medical Society convened in Lexington in thirtieth annual session on May 19th. Dr. Dunlap, of Danville, presided. The address of welcome was delivered by Dr. W. O. Bullock. Among other interesting things he thus eloquently spoke of Lexington and Transylvania:

Around this classic town cluster memories innumerable of our noble profession, for here was the cradle, the infant home of medicine in the West, and here lived a long list of medical men whose fame has shed a luster over the profession. Here was the first seat of learning. Here was the Medical Department of Transylvania University—first in the West and second in its day only to Jefferson—numbering among its faculty names not born to die. Here labored Samuel Brown, first to introduce vaccination into America; the original thinker, Daniel Drake; the chaste writer, Charles Caldwell; Eberle, Ridgley, Overton, Yandell, and Dudley, who performed a series of operations unsurpassed in their brilliancy. And here was established the second asylum for the insane on this continent and the first west of the Alleghanies.

The scientific work of the society was much, varied, and interesting. Many papers were read; among them one by Dr. Wathen, of Louisville, on uterine procidentia complicated with rectocele, cystocele, and lacerated perineum, in a case of which he got most satisfactory results from first amputating the cervix, by which the uterus, measuring before the cutting five and a half inches, was reduced at the end of a month to half that depth. The second operation was directed to restoration of the perineum, and was also satisfactory. These gynecological folk think no more of excising the uterine neck than the rest of us do of circumcising a small boy.

Dr. Reamy, of Cincinnati, who took part in the discussion of Dr. Wathen's paper, we were glad to see disapproved of this wholesale ablation, and referred to several cases in which, after

* The crowded state of our columns obliges us to omit much of the letter of our valued correspondent.—EDS. AM. PRAC.

reducing the uterus, he had gotten excellent results by narrowing the posterior wall of the vagina.

Dr. Gibney, formerly of Lexington, now of New York, read by invitation a paper on the management of orthopedic cases which was distinguished by broader views than those of the average specialist. He dwelt with emphasis and judgment on the general principles of the management of cases of Pott's disease in its different stages and of lateral curvature, and urged that true hip-disease should be called diaphyso-epiphysitis or articular ostitis of the hip. Let's christen this wearying enemy of scrofulous children by the latter name; the first is *so* hard. Dr. G. doubted whether absolutely perfect results were ever obtained in these cases by any means whatever. He aimed to get the best possible results—we all do that, let us hope—and warned the family that some lameness would surely follow. For treatment he preferred the English plan—crutches and a high-heeled shoe. In the several diseases, including club-foot, mentioned by Dr. G. he dwelt on the importance of time as a factor in the cure—a prolonged treatment. The paper added to Dr. Gibney's already fine reputation.

Dr. Craig, of Stanford, presented a paper of genuine merit on the antipyretic treatment of scarlet fever.

Dr. Cheatham, of Louisville, occupied the attention of the society with a short essay on syphilitic iritis. The object of treatment, he said, was to prevent posterior synechia, if possible; and if not, to break it down should it be present. Atropia was the drug for this. Dr. C. recommended the use of atropia in all inflammations of the globe of the eye, since no risks were involved in its use and many dangers averted.

Dr. Holloway, of Louisville, exhibited a photograph of an excision of the elbow, done two years ago, in which a thoroughly useful arm was secured. He also showed a long chain of lymphatic glands—more than a hundred—removed from the right cervical region of a lad who made a good recovery.

Dr. Letcher, of Richmond, read an excellent summary of the

most recent views of the pathology and treatment of typhoid fever.

Dr. Lewis, of Georgetown, reported a resection of the joints, and embodied some interesting details of conservative surgery in the articulations.

Dr. Roberts, of Louisville, gave the details of an operation he did in a case of extra-uterine pregnancy, which, though performed under most unfavorable circumstances, was, so far as the operative procedure went, a success, though the patient died about a month after of exhaustion.

Dr. Coomes, of Louisville, exhibited the model of a new and very ingenious device for measuring the hearing distance.

Dr. McCormack, of Bowling Green, made a most interesting report of a case of laparo-elytrotomy. . . .

The president's address contained eloquent allusions to some of the renowned men who taught in the early days of Transylvania, a rap over the knuckles of the medical schools of the present, a gloomy picture of the prospects which expand to the eye of the young medicos, a lamentation over the crowded state of our ranks, and the scant pecuniary remuneration now so hardly won. The address was listened to with much interest, and would have been delightful if the doctor had but pointed out to the schools some possible scheme for "elevating the standard"—threadbare phrase!—of teaching, and told us youngsters how we could either thin the ranks or win bread while lying all over the state like sardines in a box, several layers deep. Old and young doctors both are pinchingly aware of the truth of much that President Dunlap said; but after all that has been spoken and written in the same strain, is n't it with medicine quite what the English sergeant declared to the recruit? "The army," he said, "is right enough if you like to make it so." . . .

The physicians and citizens of Lexington gave the members of the society an elegant banquet at the Phoenix Hotel, where every thing went "gaily as a marriage bell." The replies to the several toasts were witty, humorous, solid, interesting, instructive, pathetic, eloquent. . . .

In responding to the toasts "Our Guests" and "The Medical Schools" your Cincinnati friends Reamy and Whittaker showed that neither humor nor eloquence are all south of Mason and Dixon's line—wherever that is. Of course Singleton was enthusiastic in his praises of the ladies. But the best speech of the evening was made by General Preston in answer to "The Law, Medicine's Twin Brother;" and since all your readers may not have seen this noble specimen of manhood I send a sketch of him drawn in the Cincinnati Clinic:

General Preston is a very large man, much over six feet he looks standing in a crowd, broad, square, stooped a little with years, with a singularly-pleasing, on second glance, strong face. Whether he ever practices law or not I know not, but he looks like a lawyer of the old times, samples of which we still see occasionally as preserved on the bench of the higher courts. He has the address of the old colonial days, or perhaps the days of the Old Dominion, and he speaks with a power that is ponderous. And though with all this he could give his face a comical cast at times that was irresistibly infectious, he never let himself down below the dignity of his theme.

If I had had the faintest conception that there was not enterprise enough around to take down some of these speeches I could have given our readers every word of this splendid tribute to the medical profession from a man who knows it through and through both in this country and abroad, for the General was once our minister to Spain; but as it was, I sat like the rest and simply listened with a school-boy's delight.

. . . The toast to "The Medical Society" was responded to by Dr. D. W. Yandell substantially as follows:

Mr. Chairman: If you will run your eye over the beautifully-embellished cards which lie at our plates, you will observe that I am expected to reply to the toast to "The Ladies," and that my friend the venerable gentleman on your right, the present distinguished president of our society, Dr. Dunlap, was the person selected to respond to the toast, "The Kentucky State Medical Society," but by some sleight of hand the order of both men and toasts has been changed, and "The Ladies" are transferred to that most capable and chivalric gentleman, Dr. Singleton; while our excellent president has, with his characteristic rashness, chosen me to speak in his stead. The pleasure

which will ensue to you from the first change in the programme reconciles me somewhat to the disappointment which I fear will result from the latter. And yet, Mr. Chairman, when I look about me and realize the fact that I have been longer a member of this society than any one now present; that it is given to me to be able to recall the occupants of more vacant chairs at this annual banquet than any one else here can do, there would seem to be a certain fitness in my speaking to the toast.

If you will but turn, sir, to the membership of the Kentucky State Medical Society, you will find it to include names of men who have occupied prominent places in American medicine; of men who, by their lives and their work, have illustrated much that was best, and worthiest, and loftiest in our calling. Run your eye over its Roll of Honor. There is Caldwell, physically colossal, stately of speech, and ponderous, who did so much to shape medical teaching in the West. Miller, slow and of thoughtful mien and judicial mind, whose work on obstetrics was esteemed in its day one of the ablest of treatises on that subject. Cobb, tall, graceful, gifted, fascinating. Bartlett, the suave and the gentle, delightful as a lecturer, charming as a writer. Ethelbert Dudley, a brilliant surgeon, a brave soldier. Bradford, prudent, independent, fearless, who pushed his successes in ovariotomy beyond the figures fixed for it by its illustrious founder. Bush, quick, zealous, cunning of hand, clear of head—of all her citizens best loved in this rare old town. Chipley, of sturdy frame and massive head, who labored so long and so well in his saddening specialty. Jackson, tireless, intense, original; busy with his pen, laying down his work but with his life, which his studiousness had done so much to shorten. Rogers, dignified, sedate; whose rare judgment and insight into disease, and thoughtful consideration for the wants and the weaknesses of the sick, made him *facile princeps* of all our guild who lived in Louisville. Breckinridge, who, true to his lineage and the traditions which gather about his great name, so won all who ever listened to his silvery tongue. Drake, the restless, the vivid, the many-sided, whose ashes to-day, reposing near that city which he so much loved, lend a luster to her history greater than that which springs from the opulence of her commerce or all the costly structures of her richest men. The elder Yandell, whose memory is so fresh in the minds of you all, who, I may be permitted to say, on more than one occasion broadened his shoulders and, like the faithful knight who bore his wounded king, bore this society through rocky steeps to peaceful lawns.

These, Mr. Chairman, are all now shadows. Let us hope, sir, that their large souls look down on us approvingly. There remains of the

list of founders of this society one who was among its earlier presidents. I allude to Dr. Gross—a name which always brings the glow of pride to the face of a Kentucky physician. See his footsteps lead him near the limit allotted by the Psalmist to human life. Yet mark him now, erect as in his prime, the light of great deeds resting upon his front, his eyes gleaming with the fire of perennial youth, his hair all blown back as on and still on he presses through fresh fields to win other triumphs. Shall we not pledge him to-night? Shall we not pledge that shadowy host, whose luminous track is seen of us all, that we will strive to make ourselves worthy of the noble heritage bequeathed us, by seizing the colors which have dropped from their hands as the robes drop from a dead king, and, pressing forward, plant them still farther to the front? Members of the Kentucky State Medical Society, brothers, the answer to these questions rests with each and all of you.

General Preston then rose and said:

Mr. Chairman and Gentlemen: I feel very much the compliment implied in being called upon to respond to the toast proposed in honor of the law. The state of Kentucky has occupied a very high position, not only within her own limits, but far beyond them, through the ability displayed by her bench and bar. And I feel, when I look around me at the gentlemen who have earned distinction as lawyers and judges, who are here assembled in your honor to-night, that the duty would have been more properly devolved upon some one of them to respond to the toast than upon myself, because I have not been so intimately associated with the active practice of the law as they have been, and moreover because I see some here present who will hereafter worthily fill the distinguished places once held by Robertson and Bibb and the other names celebrated in our profession.

I recognize in the toast to the profession of the law as the twin brother of medicine that correlation of the learned professions which has been recognized from the most ancient times. Indeed all history teaches us that law, medicine, and theology have been the converging intellectual forces which have produced our present civilization. Their union is a trinity in sociology. If we are to allow metaphor by way of illustration, we may say that the practical sciences of the administration of justice and physical philosophy are at the angles of the base of a triangle, and that the higher aspirations of humanity occupy the summit with theology. In truth, the long, laborious, and patient investigations of the physicists, which have done so much to conduce to the intelligence and comfort of the human race, proceeding through

centuries of careful investigation, incline to a higher, perhaps unknown altitude; while, on the other side, in a like manner the profound analyses of the principles of ethics, of law in the highest, are nothing but the applications of the principles of morals, which, in the intercourse of mankind, tend also eternally upward toward unknown heights. The point of intersection is the throne of theology, perhaps too exalted oftentimes for the less acute consciousness of our brethren at the bar. But still they, after all their vast inquiries, recognize a tendency to unity, from which are evolved all things, organic and inorganic, psychical or physical, mundane or celestial. I therefore lament that we are not so fortunate to-night as to have some learned prelate or distinguished theologian present who might represent properly upon this occasion the church, so that all the brethren of the long robe might unite in rendering honor to the large assembly of able physicians present in our city.

But I must not forget to speak more specifically to your toast. One of the most distinguished critics of modern times, and one of the most profound lawyers and historians, Sir James Mackintosh, has said that modern times are more indebted to Grotius, Montesquieu, and Adam Smith than to all other men for the advancement of learning and the establishment of our present civilization. It will be observed that there are two lawyers named and one philosopher, but not a single physician. I can not wholly agree with the judgment of the critic. So far as the first name is concerned, it is considered by many eminent minds that Grotius is the first intellect and the greatest benefactor to mankind that has appeared during the Christian epoch. It was his fortune to be born at a period when the human mind was emerging from fourteen centuries of political slavery, of superstitious theology, and barbarous customs. Taught by the ablest instructors of the day, at ten years of age he was a marvel of learning. He reopened the splendid erudition of the past, and the glories of the great Greek and Roman literatures were once more read and familiar to Europe. Rising in early manhood to the greatest offices of the state, he shared the fate of nearly all other great thinkers; for he was driven in exile from his country; and most fortunately for the human race, because, by the composition of his immortal work on the *Laws of War and Peace* he softened the barbarity of feudal manners by the principles of Christian morals, and laid the foundation for that freedom of thought which we here this hour enjoy, and which can no longer be denied to scientific inquiry in even the fiercest monarchies of Europe. After him came, a little more than a century since, Montesquieu, the wittiest and most brilliant writer on legal philosophy that the world has seen. So too it must be

admitted that Adam Smith, after purely philosophical inquiry, has attained the true laws of commercial intercourse and established the system upon which our present wealth and commercial prosperity rest.

But while tracing that political freedom which we now enjoy, it would, I think, be narrow to deny that there are other names than these deserving enumeration. The advancement of learning received its great impulse from Lord Bacon, and the names of Lord Coke and Lord Hardwicke and Lord Mansfield must command the reverence of the intelligent in all lands. Not below these we may place that of our own Marshall, who has given form to constitutional freedom and lent it the force of precedent in his noble and memorable decisions. Hereafter it will be admitted that those decisions form the true boundary between the unbounded license of a foolish democracy and the rigors of monarchical tyranny. Perhaps it would not be too much to predict that John Marshall will come to be considered the greatest judge of the English race; for that judge should be held the greatest who seeks to perpetuate the freedom of the people by guarding them most manfully against their own excesses.

But while thus paying proper tribute to the great lawyers who have aided in molding our civilization, we must also look to those names who have, in their day and generation, done most to establish those true relations of scientific inquiry, which have resulted in broader and more intelligent ideas of the nature and aims of physical philosophy. They, observing allegiance alone to truth, in despite of things or creeds or monarchs, have borne testimony to after generations in regard to biology and the science of life. Employed more in these than in reflections upon the nature of abstract morals or the government of states, they rise to an elevation which gives their renown no geographical limits and makes them welcome to the human race throughout the world. Mankind is more indebted for freedom from physical pain, from the pangs of disease, from the torture of wounds, and all our long train of physical suffering, to Harvey, Jenner, and John Hunter, than to all those who have been engaged in the administration of the law. This Trinity, all of English breed, can well stand as against the mighty names of Grotius or Montesquieu or Adam Smith. If Kent and Story and Lord Mansfield and Lord Stowell and our own Wheaton, all bow before the unapproached glory of Grotius, still in the field of medical science the English race yet maintain their own.

To those who do not take a comprehensive and generous view of the subject, the recent researches of physical philosophy in the path

of knowledge may seem as vain as some of the scholastic disquisitions of the past. Darwin has astonished the European world with his theory of evolution, and Germany, France, and the United States stand in wonder before his deductions. Herbert Spencer has even broadened the field, and Huxley and Tyndall have come as auxiliaries to his system. That system tends toward an unknown unity—perhaps an unknowable end. It may be rejected by the narrower theologians for a moment, with prejudice, distrust, or disbelief, but the nobler and more intellectual part of the church dread no such results. They have found by experience that philosophical discussion has not diminished, but augmented the number of believers, and that the broader the field of knowledge the nearer we stand to God.

I have thus, Mr. Chairman, taken in response to the toast such survey as time will permit. In conclusion I ask your indulgence a moment to advert to the honored name which has just elicited such applause from this enlightened assembly. It was a merited tribute paid to one who may be considered the greatest pathologist ever known in America. It gave me peculiar pleasure to witness your enthusiasm, because in past years he was my neighbor, and is still my friend. I allude to the former President of the American Medical Association, Professor Gross. A vivid picture has been drawn of his personal appearance in advanced years, and of his distinguished services to medical science, by his former pupil, Dr. Yandell. While these eloquent remarks were being uttered, it recalled to my mind the memories of thirty years ago. Dr. Gross and myself were next-door neighbors. He was Professor of Surgery in the University of Louisville. A great and lucrative practice flowed in upon him. His health did not seem strong. My own library overlooked his study, and I well remember, night after night, amid the heats of summer or the snows of winter, the light burning long after midnight in his study, and I knew the vast labor with which he was preparing his observations of American Medicine and Surgery in a work which afterward appeared. There is an incident connected with this great work which I will relate. Not many years since Dr. Gross was chosen as the President of the American Medical Association. During the succeeding summer he visited Europe. Among others whom he met was Rudolph Virchow, at Berlin. Virchow has since reached the exalted position of privy councillor of the Emperor William. This distinction he achieved, like Gross, by his own intellectual exertions and natural genius. Virchow is known to you all as the author of the cellular pathology which supplanted the vascular theory of the celebrated Bichat. When Dr. Gross met him it was not as a stranger, but as a friend. Every cour-

tesy that Germany could show was extended to the chief of the American profession. Not only were the doors of the court and nobility open, but the still more august portals of science. After some formality Virchow collected a large assembly at dinner in honor of the great American pathologist. After a splendid banquet and a reception at which were present the first men in Europe, the cloth was removed, and a servant placed before Virchow a silver salver upon which was some article covered by a napkin. Rising with that ceremony which marks European manners, Rudolph Virchow then proceeded to state that he felt it a fortunate event in European science that Prof. Gross had visited Berlin, and that he desired to evince his sense of the fact by collecting the most eminent of his acquaintances and correspondents in Germany and in Europe to meet the great American; that he had corresponded with Dr. Gross, as he had with his colaborgers there present, to whose observations and deductions he was more indebted than to his own for the works of science produced by him; but he could not properly permit them to meet upon such an occasion without making a public acknowledgment of the great obligations imposed upon him by Professor Gross. Unknown to him, he knew him. Separated by an ocean, he rendered to him the homage of his respect and gratitude. At the same time that Virchow offered these splendid but merited compliments he exclaimed, "Gentlemen, this is no mere courtesy, no convivial formality; but, in attestation of the truth of what I said, behold the evidence;" and removing the napkin from the salver he displayed an old and worn edition of Gross's Pathology, demonstrating the truth of the words of the greatest authority on pathology in the world.

Perhaps these are as many speeches as you'll care to print.

The following officers were elected for the ensuing year: President, Dr. L. B. Todd, of Lexington; Vice-presidents, Dr. J. P. Thomas, Pembroke; Dr. J. H. Letcher, Henderson; Recording Secretary, Dr. L. S. McMurtry, Danville; Treasurer, Dr. Jno. D. Neet, Versailles. . . .

Place of next meeting, Covington, on the first Tuesday in April, 1881. . . . Yours, fraternally, GALEN, JR.

A DESERVED REBUKE—A PARSON SQUELCHED.—Princess Pauline, daughter of the King of Wurtemberg, was recently married to Dr. Wilm, a young medical practitioner of Breslau.

During the performance of the marriage ceremony, to which many princes and princesses lent their presence, the officiating minister took upon himself the liberty of lecturing the bridegroom upon the honors and privileges his bride had renounced in order to marry one of so lowly a station—a fact he seemed most anxious to impress upon him. Whereupon the princess, with becoming dignity, effectually obliterated the officious parson by boldly declaring before the assembled guests that, far from being ashamed of the alliance, it was the proudest moment of her life to make so noble a man her husband.

TAPEWORM.—It is stated that almost every native in Zululand suffers from tapeworm, and many Europeans in that part of the world suffer from the disease for years, and seem none the worse for it. It is generally believed that the natives and Europeans get the parasite, in its earliest condition of development, into their bodies by eating large quantities of raw or half-cooked meat, and from drinking dirty and brackish water in the neighborhood of the "kraals." This dirty water is said to be a common source of infection both to man and beast. As showing the disgusting nature of the complaint, it is not at all uncommon for a person affected with tapeworm to find a great piece of the worm tumbling down the inside of his trousers as he is walking about, and often large pieces are found in the sufferer's bed in the morning after waking up from sleep.

FOR SEASICKNESS.—A mixture of bromide of potassium and hydrate of chloral, taken effervesing with citrate of magnesia, has never failed but once. This is the experience of Surgeon F. W. Cory, of the Australian Mail S. S. Co.—and is n't ours.

THE Holman liver-pad is composed of drilling and filled so as to be about half an inch in thickness. It contains ground fenngreek seed and ground flaxseed, fifty per cent; pitch, resin of galbanum, and resin of sandarac, forty-five per cent. The remainder is supposed to be composed of aromatics.

DR. AUGUST KOENIG'S FAMILY MEDICINES.—According to the *Pharmaceutische Centralhalle* the composition of these nostrums, for which the firm of A. Vogeler & Co., in Baltimore, claim to have "the sole depot in America," is as follows:

1. Hamburg Tea (*Hamburger Brustthee*), a mixture of althea and licorice root, red poppy petals, common mallow flowers, marsh mallow leaves, and the flowers (dyed a saffron color) of a stellaria, besides some coarsely-powdered rock-candy and some oil of anise and fennel.
2. Hamburg drops (*Hamburger Tropfen*) resemble the compound tincture of aloes of the Germ. Ph. (Swedish bitters), but contain somewhat more agaric, and are made more viscid by juniper juice.
3. St. Jacob's oil (*St. Jacobsöl*) is a good quality of oil of turpentine, mixed with a little oil of rosemary and lavender, and colored faintly red with alkanet or saunders.

AND WHY NOT?—The Philadelphia Medical Times, which if not amiable is nothing, and whose love for and admiration of all things and all men medical outside of Philadelphia is the subject of so much captious criticism, comments upon the fact that at the recent meeting of the Medical Association the ladies of the delegates were not invited to the receptions given by Mayor Cooper and Mr. Belmont. Though this is "the unkindest cut of all," as it is the only one contained in the several pages of very generous praise lavished by our pleasant cotemporary on the doings of the recent meeting, we hope our brethren in New York, including the mayor and the millionaire, will overlook it.

THE TYPE FOR SCHOOL-BOOKS.—Dr. Gaval says, "Other things being equal, the legibility of a printed page does not depend on the height of the letters, but upon their breadth."

THE St. Louis Medical College announces that hereafter all students who matriculate at that institution must take a three-years' graded course in order to graduate.